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ABSTRACT

A project explored female poverty in Saskatchewan, Canada, and its implications within the framework of Health Canada's Population Health Promotion Model. Data were collected through consultations with 59 women who had experienced poverty, interviews with administrators of agencies and projects that serve poor women, and a literature review. Findings showed that more women lived well below the poverty line than men. Factors that influenced women's poverty were employment, social assistance, and spousal and child support. Female poverty was examined within the context of the nine determinants of health listed in the model. Lower income meant lower social status, loss of control over one's life, and loss of individuality. Children and other women were sources of social support. Women saw employment as a source of increased social status and sense of personal self-worth, but obstacles made it difficult to get and keep work. Stress caused by inadequate housing contributed to physical and psychological illnesses. Poverty affected biology and genetic endowment in prenatal development. Poor women had poorer personal health practices and coping skills. Poverty also affected the children. Health services were difficult to pay for. Several recommendations were made: build health public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services. (Appendixes include 66 references and instruments.) (YLB)

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Women and Poverty in Saskatchewan

ED 402 447

Prepared for
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University Extension
and
Social Administration Research Unit,
Faculty of Social Work

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May, 1996

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It is our hope that this project will help improve the lives of the many Saskatchewan women who live in poverty.

Jayne Melville Whyte

Loraine Thompson

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Introduction

Purpose of the *Women and Poverty* Project

The purposes of the *Women and Poverty* project were to:

- provide information about the extent and depth of female poverty in Saskatchewan and in Canada;
- explore some of the reasons why poverty is more common among women than among men;
- explore the implications of female poverty within the framework of Health Canada's Population Health Promotion Model, with particular emphasis on the determinants of health; and,
- make recommendations within the context of the Population Health Promotion Model for concrete actions that will improve the lives of Saskatchewan women who live in poverty, with particular emphasis on the role that Health Canada's Health Promotion Contribution Program can play.

The Population Health Promotion Model

This document is organized using the framework provided by Health Canada's Population Health Promotion Model (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994; Hamilton & Bhatti, 1996). Population health "focusses on factors that enhance the health and well-being of the overall population. It views health as an asset that is a resource for everyday living, not simply the absence of disease. Population health concerns itself with the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices and the services that promote and maintain health. Population health has as its goal the best possible health status for the entire population. In contrast, health care has as its aim the treatment or rehabilitation of illness" (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994, p. 9-10).

> ***What is Health?***
>
> *Viewed from this perspective, health ceases to be measurable strictly in terms of illness and death. It becomes a state which individuals and communities alike strive to achieve, maintain or regain, and not something that comes about merely as a result of treating and curing illnesses and injuries. It is a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our environments (Health Canada, 1986, p. 3).*

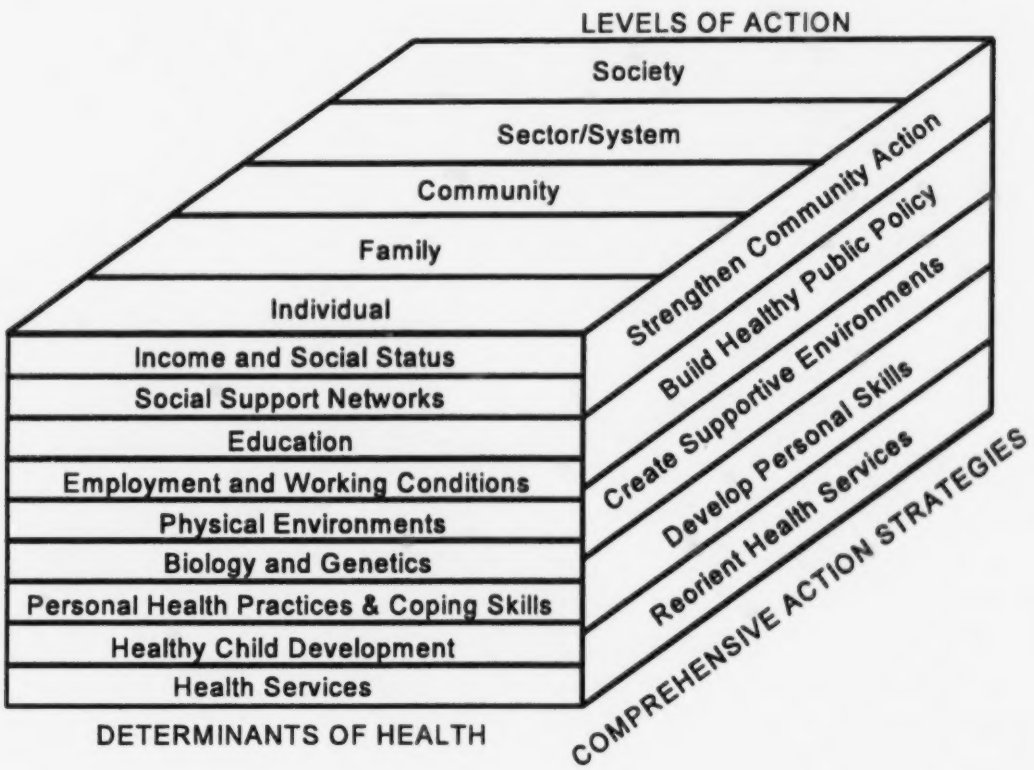
The Saskatchewan Provincial Health Council (1994) has taken a similar approach to health. It focusses on population health goals which are concerned with the well-being of the population as a whole rather than focussing only on the health of individuals. The Saskatchewan Provincial Health Council's definition of health is given in the box on the right and is similar to Health Canada's in that it considers health to be a state of well-being rather than simply the absence of disease.

A Definition of Health

Health is a dynamic process involving the harmony of physical, mental, emotional, social and spiritual well-being. Health enables individuals, families and communities to function to the best of their ability within their environment (Saskatchewan Provincial Health Council, 1994, p. 3).

Health Canada's Population Health Promotion Model is illustrated in Figure 1.

Figure 1: Population Health Promotion Model



Source: Hamilton, N., & Bhatti, T. (1996). *Population health promotion: An integrated model of population health and health promotion.* Ottawa, ON: Health Canada, Health Promotion Development Division.

The Population Health Model has three components: determinants of health, comprehensive action strategies and levels of action. Each of these components is discussed in more detail below.

The Determinants of Health

The determinants of health answer the question "On **WHAT** should we take action to improve population health?" They are the factors that influence people's health and well-being.

> *... there is no single most important factor responsible for the health of populations – not healthy or unhealthy lifestyles; not strong, weak or missing genes; and not access to health care. It is the interaction of behaviour and biology that is important. Perhaps even more important, however, are the contexts, or environments, in which the interaction takes place. Physical, social, economic and cultural environments – where people live, work and play – appear to condition and modify the effects of individual behaviour and biology in critical ways that are only now beginning to be fully appreciated* (Stoddard, 1996, p. 12).

Saskatchewan's Approach to Population Health

The Saskatchewan Provincial Health Council (1994) has identified six population health goals for Saskatchewan. These goals are:

Goal One: ***Reassess What Determines Health***

To change our thinking about health and to consider the broad determinants of health.

Goal Two: ***Social Justice and Equity***

To provide equal opportunities for achieving health for all Saskatchewan people and communities.

Goal Three: ***Supportive Families and Communities***

To foster healthy social environments for individuals, families and communities.

Goal Four: ***A Healthy Physical Environment***

To preserve and promote clean, safe physical environments which support health.

Goal Five: ***Health Promotion***

To place more emphasis on health promotion and illness avoidance.

Goal Six: ***Shared Responsibility***

To improve health and create a healthier society through the cooperation and shared responsibility of all members of society.

It is important not to attribute too much significance to health care as a determinant of the health of populations. Health care influences who gets well once they become ill, but it does not determine who gets ill in the first place (Stoddard, 1996).

The determinants of health that have been identified by Health Canada are:

- Income and social status
- Social support networks
- Education
- Employment and working conditions
- Physical environments
- Biology and genetics
- Personal health practices and coping skills
- Healthy child development
- Health services

It has been suggested that this list of health determinants is incomplete because it does not include gender (Lane, 1996; Long, 1996). Gender is a determinant of health because the social forces that contribute to health are significantly different for women than for men (Walters, Lenton & Mckeary, 1995).

Comprehensive Action Strategies

Comprehensive action strategies answer the question, "**HOW** should we take action to improve population health?"

The Population Health Promotion Model lists five action strategies. They are:

- Strengthen community action
- Build healthy public policy
- Create supportive environments
- Develop personal skills
- Reorient health services

Various Levels of Action

The various levels of action included in the Population Health Promotion Model answer the question, "With **WHOM** should we act to improve population health?" The five levels of action identified by Health Canada are:

- Society
- Sector/system
- Community
- Family
- Individual

Organization of this Document

Six chapters follow this introduction. These chapters are:

1. **Methodology of the *Women and Poverty* Project** – which describes the process that was used to produce this document and its recommendations.

2. **Female Poverty** – which describes the extent and depth of female poverty in Saskatchewan and in Canada.

3. **Factors Influencing Female Poverty** – which describes the sources from which women who experience poverty receive income and offers some explanations for female poverty.

4. **Female Poverty and the Determinants of Health** – which discusses female poverty within the context of the determinants of health and explores how poverty affects each of the determinants.

5. **Comprehensive Action Strategies** – which makes recommendations for action. These recommendations are organized into the five action strategy categories that appear in the Population Health Promotion Model. Each recommendation is followed by a discussion of the level(s) of society at which action might most productively be taken.

6. **Next Steps** – which suggests actions that might be undertaken in the future, particularly actions by Health Canada through the Health Promotion Contribution Program.

Quotations from the women who participated in the consultations appear throughout this document in boxes titled *Women's Voices*. Occasional quotations have been taken from other sources. When this is the case, the box has a different title and the source of the quotation is clearly identified.

This document concludes with a list of references and a series of appendices.

1. Methodology of the *Women and Poverty* Project

Overview of the Project

The *Women and Poverty* project was initiated in early March 1996 by the Seniors' Education Centre, University Extension, University of Regina and funded by Health Canada. Guidance and direction for the project was provided by an Advisory Committee composed of government and university representatives. The names and affiliations of the Advisory Committee members appear on the acknowledgements page of this report. The two project researchers and the Advisory Committee met several times during March 1996 to define the parameters of the study, to review tentative work plans and budgets, and to critique public consultation outlines and interview guidelines.

After the parameters of the study and various research instruments were finalized, the appropriate approval form was forwarded to the Ethics Committee, Faculty of Graduate Studies and Research at the University of Regina, which approved the proposal. Public consultations and interviews began after ethics clearance was received.

Research for the project took place during April 1996. Four main strategies were used to collect the data needed to produce this document.

- a series of public consultations with women who have experienced poverty;
- a review of data from previous consultations with people who are poor;
- interviews with administrators of agencies and projects that serve women who live in poverty; and,
- a review of the literature relating to women and poverty.

Each of these four research strategies is described in more detail below.

Public Consultations

Fifty-nine women in five Saskatchewan communities participated in the public consultations. These women ranged in age from about 18 to 60. First Nations and Métis women were represented at several of the consultations. A complete listing of the public consultations appears in Appendix A.

Discussion at each public consultation was tape recorded for future reference by the project researchers. Although participants were told that the tape recorder would be turned off whenever they requested, such requests were few.

Meals or refreshments were served at all consultations.

Women participating were reimbursed for their mileage and child care expenses (in Saskatoon, child care was provided on-site), and were given a small honorarium. The honorarium was seen as tangible acknowledgement of the value of the participants' contributions. It was considered one way of ensuring that the project was not perceived as yet another way of exploiting people who are poor.

Three different formats were used for the public consultations: group meetings, interviews and come-and-go sessions.

Group Meetings

Each group meeting was attended by more than a dozen women who had been invited by a local contact of one of the project researchers. During the registration period that preceded each session, the participants signed a consent form (Appendix B) and completed an expense form (Appendix C). The agenda for each group meeting and the script followed by the facilitator appear in Appendix D. The agenda may be summarized as follows:

- **Introductions** – Reminder that participation is voluntary and confidential and that participants are free to leave at any time.

- **What is important to you?** – (small group discussions and then report back to larger group).

  - What makes your life hard to live? discouraging?
  - What makes your life easier to live? more satisfying?
  - How do these things affect your health?

- **Making life better** – (small group discussions and then report back to larger group).

  - What gives you hope, satisfaction or help?
  - What do you need to make your life better?
  - Who do you think could/should help with that?

- **How can we strengthen community action to make life better** for you and your family? – (sharing around table).

- **Conclusion and thank yous.**

The participants in the group meetings completed an anonymous questionnaire which was given to the project researchers (Appendix E). The questionnaire included some demographic questions and provided space for written answers to the questions discussed as a group.

Interviews

The interviews began with completion of the consent and expense forms and some time was allowed for completion of the questionnaire. The actual interviews focussed on two questions:

- What are the things that give you pleasure and satisfaction in your life?

- What would make your life better?

Come-and-Go Sessions

Although these sessions were intended to be come-and-go, typically women either came in the morning and stayed until noon or came after lunch and stayed for the afternoon. A few women stayed the whole day and one attended for part of both days.

Like the interviews, these sessions began with completion of consent and expense forms and the questionnaire. These come-and-go sessions required minimal direction from the researchers. Women spontaneously began sharing information about their personal situations, then moved on to identify problems in common and potential solutions. Information about sources of pleasure and satisfaction in life was usually not provided spontaneously, but the women spoke at length about this topic in response to direct questions from the project researchers.

The Participants

The 59 women who participated in the public consultations chose to attend, and thus reflected a group of women who are able and willing to participate in community groups. Since each woman was free to participate as little or as much as she desired, many only partially answered demographic questions and three women who sat in on discussions did not return their questionnaires.

The participants in the public consultations included 13 First Nations women, four Métis and two immigrants. The 56 women who completed questionnaires included 15 single women, 22 single women with children, and 19 women living with partners. Only two of the women with partners did not have children. (The term "with partners" includes lesbian and common-law relationships as well as marriage) (Figure 2).

Figure 2: Public Consultations – Participants' Household Configurations

	Without a Partner				With Partner				
	Children				Children				
Age	None	Pre-School	School Age	Both	None	Pre-School	School Age	Both	
16-20									
21-30	2	4		2		6	1		15
31-40	1		4	3			2	2	12
41-50	7		9		1		4	1	22
51-60	4				1		1		6
60-70	1								1
70+									
	15	4	13	5	2	6	8	3	56
	37				19				

Note: Fifty-nine women attended the public consultations, but only 56 completed questionnaires. Figure 2 is based on the completed questionnaires.

Of the 56 participants, 44 received social assistance, often in conjunction with income from employment or other sources. Six women represented the working poor as workers, partners of employed persons, or both. Three received pensions. One woman lived on her savings (Figure 3).

Figure 3: Public Consultations – Participants' Sources of Income

Social Assistance		20
+ Paid Work (Woman)	14	
+ Paid Work (Partner)	3	
+ Paid Work (Both)	2	
+ Child Maintenance	1	
+ Work and Savings	1	
+ Pension	2	23
Student Allowance		1
Total Social Assistance		**44**
Work		
Woman	3	
Partner	1	
Both	1	
+ Child Maintenance	1	
Total Working Poor		**6**
Pension		
CPP	1	
Company	1	
Disability	1	
Total Pension		**3**
Savings		**1**
Not Stated		**2**
TOTAL		**56**

Note: Fifty-nine women attended the public consultations, but only 56 completed questionnaires. Figure 3 is based on the completed questionnaires.

Fifty-three participants gave information about education they had completed. Nineteen had completed Grade 12 with 14 reporting some high school from Grades 9 to 11. Nine of the 13 who reported post-secondary training including trades and diplomas were in their forties. Five women had completed Grades 6 to 8 and two women had university degrees (Figure 4).

Figure 4: Public Consultations – Participants' Education (Highest Level Completed)

	Education Level					
Age	Elementary	Some High School	Grade 12	Some Post Secondary	Degree	Total
21-30	1	6	7	1		15
31-40		4	5	2		11
41-50	2	3	6	9	1	21
51-60	1	1	1	1	1	5
60-70	1					1
	5	14	19	13	2	53
	Information Not Available					3
						56

Note: Fifty-nine women attended the public consultations, but only 56 completed questionnaires. Figure 4 is based on the completed questionnaires.

The questionnaire gave participants two opportunities to reflect on health. One question asked, "Do you have any chronic condition, illness or disability?" A second question asked participants to identify factors that make their lives hard to live and easier to live and then to reflect on how these things affect their health.

Many women answered "no" to the first question about chronic conditions, but in response to the second question about the effect of their life circumstances on health, 26 out of the 56 women who completed questionnaires said that their health was affected by stress, worrying or anxiety. Several identified symptoms resulting from stress including depression, tiredness, headaches and ulcers. Many women listed more than one condition or symptom (Figure 5).

Figure 5: Public Consultations – Participants' Health Status

Condition	Number of Times Mentioned	Condition	Number of Times Mentioned
Stress	26	Results of abuse	4
Arthritis	8	Heart problems	4
Depression	6	Teeth	3
Migraine Headache	5	Epilepsy	2
Tired/Fatigue	5	Low iron	2
Poor Nutrition	5	Ulcers	2
Emphysema/Asthma	4	Fibromyalgia	2
Emotional Illness	4	Back Problems	2
Diabetes	4		
Eight other conditions including alcoholism, anorexia nervosa, bowel disease and environmental illness were listed once.			
Note: Some participants listed more than one health concern.			

Note: Fifty-nine women attended the public consultations, but only 56 completed questionnaires. Figure 5 is based on the completed questionnaires.

Data from Previous Public Consultations

Because time limited the number and scope of the public consultations that could be held, information from three previous consultations with poor people was used when preparing this document. These previous consultations were:

- work done by the Personal Aspects of Poverty Group (1995) in Saskatoon. This group collected personal stories from people with low incomes, and prepared an excellent document describing how poverty affects people's lives and access to community services.
- a consultation and subsequent interviews with older women living in poverty documented in the video *Living on a Shoestring* (Mullan, 1992).
- interviews with older women living in poverty documented in the video *Older Women and Poverty* (Blaser, 1992).

Agency Interviews

Several administrators of agencies and projects that serve women who experience poverty on an ongoing basis and managers of short-term projects for this same clientele were interviewed. Some of these agencies and projects are funded by Health Canada. Others are funded through a combination of government and community sources.

The questions asked during these interviews may be summarized as follows:

- What is the purpose of your agency or project and who do you serve?
- What gives the people in your project hope and encouragement?
- What factors make life hard for the people in your project?
- What would make life better for the people in your project?
- How can we strengthen community action to make life better for the people in your project?

In addition, a few interviews were conducted with staff of Health Canada.

A list of the agency interviews conducted appears in Appendix A.

Literature Review

The literature review for this project drew from theory and research relating to:

- poverty in general;
- women and poverty;
- women's health;
- children and poverty;
- the effects of poverty on learning;
- population health; and,
- poverty and health.

Limitations of the Methodology

The timelines for the *Women and Poverty* project were very short. Less than a month was available for research. The limitations associated with this project were primarily those necessitated by the short timelines. Those limitations include:

- All geographic areas of Saskatchewan were not represented during the public consultations; for example, there was no consultation in the North.
- It was not possible to hold consultations with specific categories of women such as immigrant women, elderly women or single mothers.
- Immigrant women, elderly women, employed women and farm women were underrepresented in the public consultations.
- The literature review was not exhaustive. Because of the short timelines, it was not possible to request items or interlibrary loan, to do an extensive search of computerized databases or to browse the Internet for relevant material.
- The number of interviews that could be conducted with antipoverty organizations and managers of projects that serve poor women was limited by the time available. There were many other people who could profitably have been interviewed.
- Only published Statistics Canada data sources were used. This meant that in some cases, statistics for Saskatchewan were not available and statistics for Canada as a whole or the prairie provinces were used instead. With more time, it might have been possible to request that Statistics Canada do special computer runs in order to isolate data for Saskatchewan.

A final limitation of the methodology relates to the timing of the census. The last census was done in 1991. (Data from the May 1996 census won't be available until mid 1997.) Thus some of the statistics in this report are unavoidably dated.

2. Female Poverty

How is Poverty Defined?

Statistics Canada's low income cut-offs are generally considered to represent the poverty line. These low income cut-offs vary with family size and size of community. The larger the family or community, the higher the line (National Council of Welfare, 1990).

The low income cut-offs for 1994 are given in Figure 6.

Figure 6: Statistics Canada's Low Income Cut-offs (1992 Base) for 1994 (Gross Income)

	Community Size				
Family Size	**500,000 and over**	**100,000 to 499,999**	**30,000 to 99,999**	**Less than 30,000**	**Rural Areas**
1 Person	16,511	14,162	14,063	13,086	11,410
2 Persons	20,639	17,702	17,579	16,357	14,263
3 Persons	25,668	22,016	21,863	20,343	17,739
4 Persons	31,071	26,650	26,465	24,626	21,472
5 Persons	34,731	29,791	29,583	27,527	24,003
6 Persons	38,393	32,931	32,702	30,428	26,533
7 or More Persons	42,054	36,072	35,820	33,329	29,064

Source: *Low income cut-offs (LICOs).* (1996). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-551-XPB, p. 15.

Note: Low income cut-offs for 1995 are also available, but 1994 cut-offs are used in this document because most of the other income data in this document is for 1994.

Incidence of Female Poverty

If you're a woman, you're more likely to live in poverty than if you're a man. In 1994, 18.8 percent of Saskatchewan females of all ages lived in poverty in comparison to 15.7 percent of males (Figure 7).

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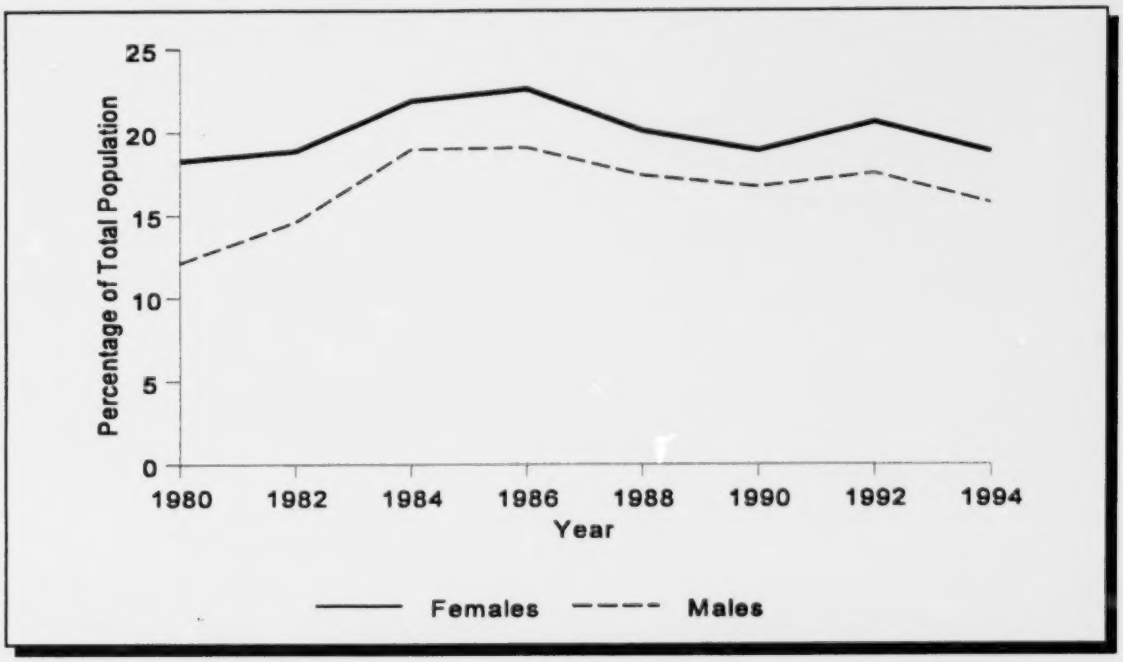
Figure 7: Poverty Among Saskatchewan Females and Males – All Ages – 1980-1994



Source: *Low income persons, 1980 to 1994*. (1996). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-569-XPB, Table 5, p. 20-23.

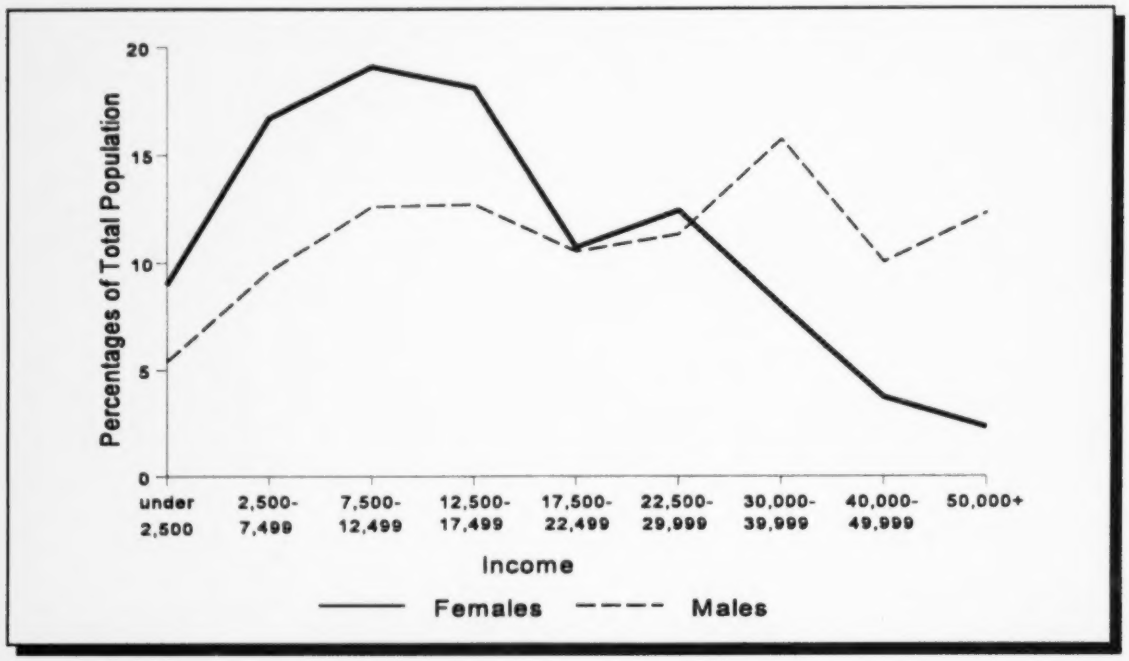
But these statistics don't present the whole picture. It is necessary to break them down further to get information about the depth of poverty that women experience – the extent to which they live below the poverty line. "Someone who needs only a few dollars to reach the poverty line is obviously in a very different position from someone whose income is thousands of dollars below the line" (National Council of Welfare, 1990b, p. 9). It is also necessary to break down these statistics to get information about poverty among specific groups of women such as First Nations and Métis women, women of specific ages and single mothers.

The Depth of Female Poverty

Individual Income

As Figure 8 shows, there are more women of all ages living well below the poverty line than men. For example, in 1994, 9 percent of women had incomes of less than $2,500, only 5.4 percent of men had this very low level of income; 16.7 percent of women had incomes under $7,500, only 9.6 percent of men had incomes of this level. At the top end of the scale, only 2.3 percent of women had incomes of over $50,000, but 12.3 percent of men had this high level of income.

Figure 8: Saskatchewan Individuals by Income Group and Gender – All Ages – 1980-1994



Source: *Income distributions by size in Canada, 1994*. (1995). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-297, Table 46.

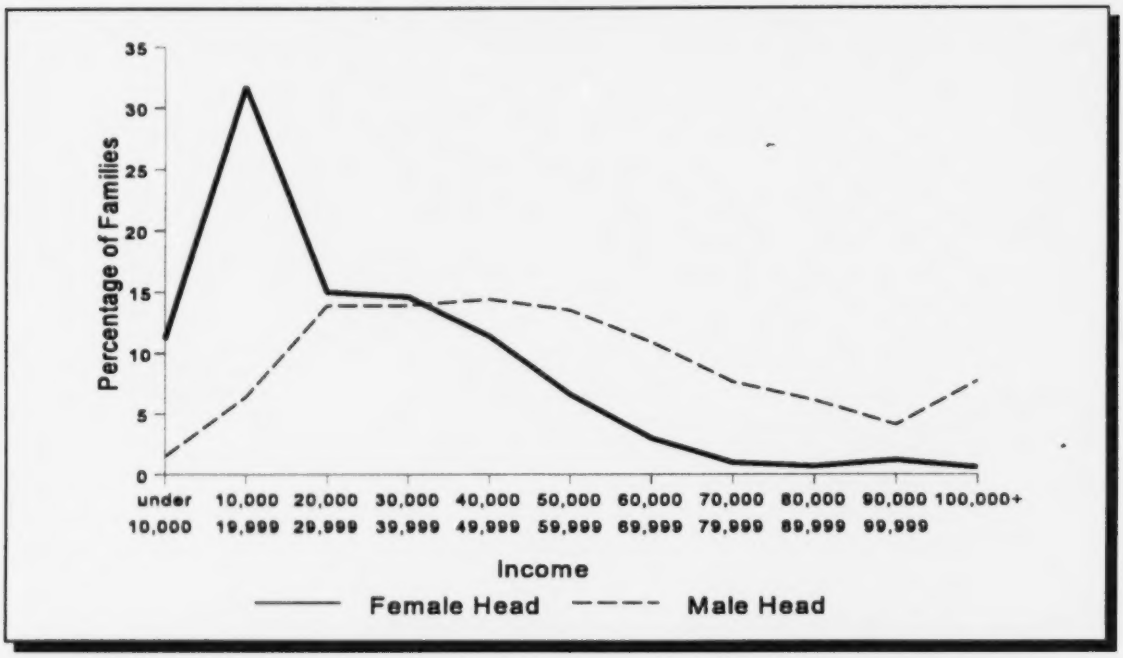
The statistics in Figure 8 are for individual income. It is sometimes argued that some women who earn little may be living with a husband whose earnings are substantial and thus have a standard of living far higher than would be possible on their own earnings. This is true when resources are shared evenly in families, but equal sharing doesn't occur in all families. In some cases, the person who earns most of the money, controls that money and uses most of it for personal benefit. "Given the large differences between the incomes of adults and children, if resources are not shared, one member of the household may be relatively affluent, while another is poor" (Phipps & Burton, 1995, p. 198). "Unfortunately, the available Canadian survey data do not identify cases where family members are living in poverty as individuals even though they are part of an economic family with adequate overall income" (Gunderson, Muszynski & Keck, 1990, p. 12).

Family Income

When we look at family income, families headed by women are much worse off than families headed by men. 42.9 percent of families headed by women had incomes of less than $20,000 in 1994; only 7.6 percent of families headed by men had this low level of income. At the top end of the scale, only 0.6 percent of families headed by women, but 7.7 percent of families headed by men, earned more than $100,000 in 1994 (Figure 9).

Figure 9 reflects family income – money earned by all adults and children in the family. The higher income of male-headed families reflects men's greater earning power, plus the fact that there is often a second adult breadwinner in the families. In families headed by women, there is usually only one adult breadwinner in the family – a breadwinner whose earning power is unequal to begin with.

Figure 9: Percentage Distribution of Families in the Prairie Provinces by Income Groups and Gender of Head – 1994



Source: *Income distributions by size in Canada, 1994*. (1995). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-207, Table 6, p. 65.

Poverty Among Specific Groups of Women

Figure 10 shows the family situations in 1987 of all women in Canada and also of women who live in poverty. Although women in every type of family situation experienced poverty, poverty was more common among unattached women and women living in one-parent families than among women in two-spouse families. Women living in one-parent families with children under 18 made up 5 percent of all Canadian women in 1987 but 15 percent of all women who were poor. In contrast, women in two-spouse families made up 72 percent of Canadian women in general, but only 37 percent of women living in poverty in 1987.

If you are 65 or over, you are more likely to experience poverty if you're living alone than if you're living with a husband. Women 65 and over living alone made up 6 percent of Canadian women in 1987, but 18 percent of women living in poverty. However, women of this age living with a husband made up 6 percent of the Canadian female population, but only 2 percent of women living in poverty.

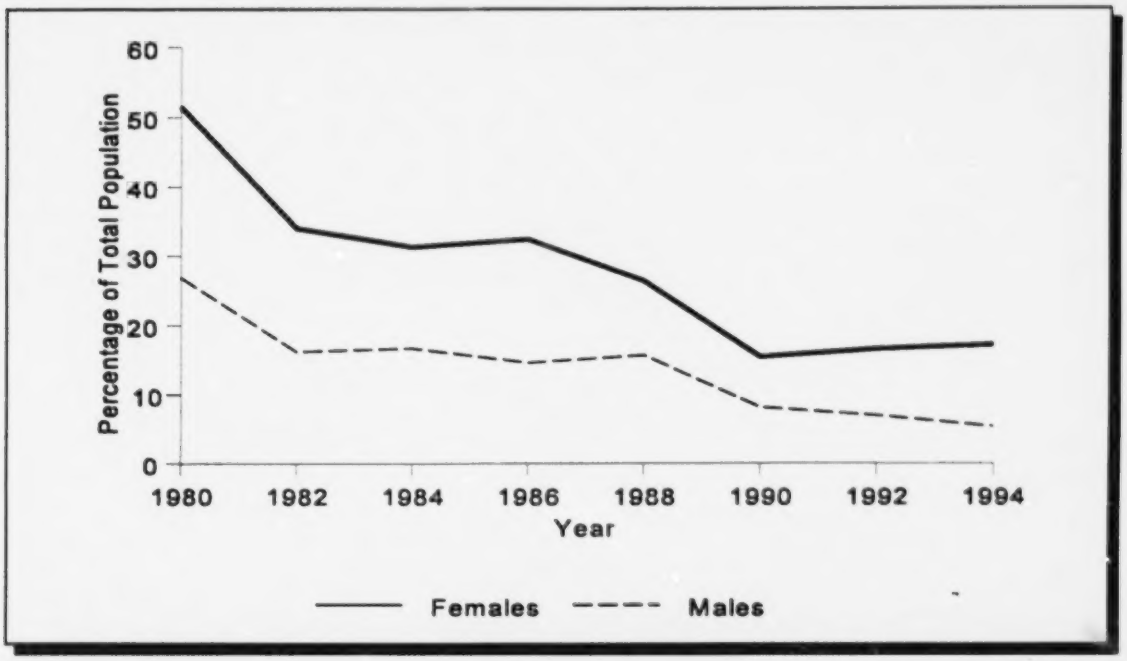
Figure 10: Family Situations of All Canadian Women and Women Living in Poverty 16 and Older – 1987

		All Women		Women Living in Poverty	
Family Situation		**Number**	**Percent**	**Number**	**Percent**
Women living alone or with non-relatives	▸ Under age 65	1,008,000	10%	335,000	22%
	▸ 65 and over	625,000	6%	274,000	18%
			16%		**40%**
Women living in two-spouse families	▸ Wives under 65 with children under 18	2,981,000	30%	285,000	19%
	▸ Wives under 65, no children under 18	2,344,000	23%	164,000	11%
	▸ Wives 65 and over	601,000	6%	34,000	2%
	▸ Live-in adult daughters and other relatives	1,244,000	13%	77,000	5%
			72%		**37%**
Women living in one-parent families with children under 18	▸ Never-married mothers	80,000	1%	60,000	4%
	▸ Divorced, separated and widowed mothers	287,000	3%	148,000	10%
	▸ Live-in adult daughters and other relatives	73,000	1%	18,000	1%
			5%		**15%**
Other Women		759,000	**7%**	120,000	**8%**
TOTALS		**10,002,000**	**100%**	**1,515,000**	**100%**

Source: National Council of Welfare. (1990). *Women and poverty revisited.* Ottawa, ON: Author, p. 7.

- **Women aged 65 and over** – In Saskatchewan, the percentage of people over 65 who experience poverty has declined among both men and women since 1980, but the percentage of older women living in poverty is still much higher than the percentage of older men (Figure 11). Unattached (single, widowed, separated or divorced) senior women are particularly likely to have low incomes. Statistics Canada (*Women in Canada ...*, 1995) reports that 56 percent of all Canadian senior women living alone or with unrelated persons have low incomes. Senior women who live in families are much better off. In 1993, only 8 percent of senior women living in families had a low income.

Figure 11: Poverty Among Saskatchewan Females and Males Aged 65 and Over – 1980-1994



Source: *Low income persons, 1980 to 1994*. (1996). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-569-XPB, Table 5, p. 26-30.

- **Women aged 55 to 64 living on their own** – The number of women in this age group who are living on their own has increased in recent years, mainly because of the rising number of divorced women living alone. The number of Canadian women aged 55 to 64 who lived alone increased from 17 percent in 1981 to 29 percent in 1986. Approximately half of all the women in this category have low incomes (Burke & Spector, 1991).

- **First Nations and Métis Women** – In 1991, 58 percent of Saskatchewan women with First Nations or Métis origins or Indian registration earned less than $9,999 per year. About 40 percent of Saskatchewan women in general had this level of income (*Profile of Canada's Aboriginal Population*, 1995; *Saskatchewan Women and Paid Work*, 1996).

- **Women with disabilities** – In 1991, 42.5 percent of Saskatchewan women with disabilities were not in the labour force in comparison to 22.6 percent of women without disabilities (*Adults with Disabilities ...*, 1993).

3. Factors Influencing Female Poverty

The causes of women's poverty differ in many ways from the causes of men's poverty. Male poverty most often can be linked directly to the labour market through low wages for certain jobs or lack of jobs. Women's poverty is more complex. It is linked to the labour market in the same way that men's poverty is, but there are different links as well. For example, the inadequate wages generally received by women as a group and their systemic lack of access to well-paid employment contribute to women's poverty.

Women's poverty also results from their traditional roles in society. It results from their roles as mothers and homemakers, for example, and from the expectation that women should be economically dependent on men – an expectation that has disastrous consequences in cases of divorce and separation (Gunderson, Muszynski & Keck, 1990).

The purpose of this chapter is to explore some of the factors that influence women's poverty. Factors discussed include:

- employment;
- social assistance; and,
- spousal and child support.

The chapter concludes with a discussion of the factors that contribute to poverty among specific groups of women.

Employment

More women are in the labour force than ever before. In 1994, 58 percent of all Saskatchewan women (and 74 percent of all Saskatchewan men) were in the labour force. Seventy-five percent of women aged 25-44 were employed in 1994 (*Historical Labour Force Statistics*, 1994; *Selected statistics on ...*, 1995). Yet women's earnings are consistently lower than men's. In 1994, the average male income in Saskatchewan was $27,468; the average female income was $16,808 (*Income Distributions by Size ...*, 1995).

Women's patterns of participation in the labour force tend to be somewhat different than men's. Women tend to work more intermittently and to do more part-time work than men (Gunderson, Muszynski & Keck, 1990).

Some of the factors which influence women's labour force participation and earnings are discussed in this section. They are:

- family responsibilities;
- availability of child care;
- discrimination in the labour force; and,
- the nature of the labour market.

Family Responsibilities

Many women's ability to participate in the labour force is constrained by their household responsibilities. This is the case for single mothers and also for married women with or without children.

Single mothers have the bulk of the financial burden for children and at the same time are severely restricted in their ability to earn a living. Even if child care is available, they are limited in the number of hours they can work, are less able to work shift work and require a job with some flexibility so that sick children can be cared for (Gunderson, Muszynski & Keck, 1990).

Women who are married or living with a partner continue to have primary responsibility for domestic work and childrearing in addition to their role as paid workers. The presence of children, especially young children, reduces the likelihood that a woman will be employed. If a woman is employed, the presence of young children reduces the number of hours she expects to work (Gunderson, Muszynski & Keck, 1990; National Council of Welfare, 1990b).

In a Statistics Canada survey, nearly one-quarter (24 percent) of women aged 25 to 44 years who were working part time in 1991 gave personal or family responsibilities as their reason for working fewer hours. An additional 40 percent of women in this age group who were working part-time said that they did not want to work full-time. In all likelihood, a significant proportion of the latter group based their decision on personal and family responsibilities (Ghalam, 1993).

But if women work fewer hours in the labour market, they tend to have a much longer total work week, especially when young children are present. Husbands typically spend very little time (less than an hour a day) on housework, including child care. When wives hold jobs outside the home, their combined workload is significantly greater than that of their husbands (Gunderson, Muszynski & Keck, 1990). As Figure 12 illustrates, women in all types of two-parent families with children under 19 have primary responsibility for all household chores except house maintenance and outside work.

Figure 12: Percentage of Two-Parent Households with Children Under the Age of 19 in Which the Wife has Primary Responsibility for Specific Tasks - 1990

Household Chore	Type of Couple	Percentage in Which Wife Has Primary Responsibility
Meal preparation	Dual-earner, both full-time	72
	Dual-earner, wife part-time	88
	Single-earner, husband full-time	89
Meal clean-up	Dual-earner, both full-time	59
	Dual-earner, wife part-time	72
	Single-earner, husband full-time	78
Cleaning and laundry	Dual-earner, both full-time	74
	Dual-earner, wife part-time	88
	Single-earner, husband full-time	85
House maintenance and outside work	Dual-earner, both full-time	7
	Dual-earner, wife part-time	2
	Single-earner, husband full-time	8

Source: Marshall, K. (1993). Dual earners: Who's responsible for housework. *Canadian Social Trends, (31)*, 11-14. Statistics Canada Catalogue #11-008E, p. 12.

Availability of Child Care

Women's ability to participate fully in the paid labour force is restricted by their family responsibilities, particularly by the need to care for their children. This is especially true for single mothers who have sole responsibility for both caring for their families and earning a living. "It is not unusual to hear a woman say, "I can't afford to work." What does this mean? It means that after taxes, work-related expenses (transportation, wardrobe, and lunches), many women find that having another person look after their children ends up costing them more than they earn" (Harman, 1992, p. 7).

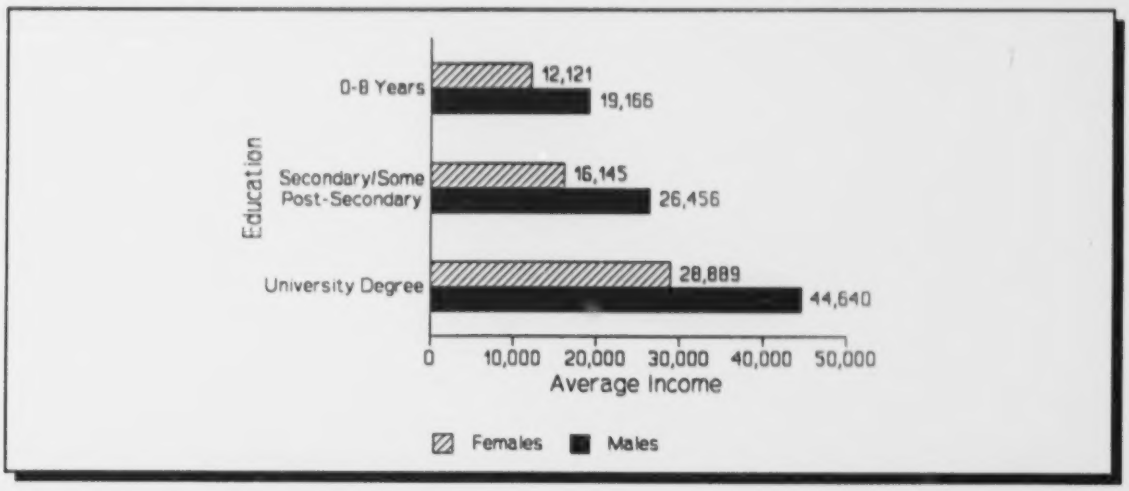
The importance of child care to women's economic well-being has been stated repeatedly (Gunderson, Muszynski & Keck, 1990; Harman, 1991; Kitchen, 1992; Martin, 1991; National Council of Welfare, 1990b), but it bears re-emphasis here as it was a common theme during the public consultations. Several single mothers on social assistance said that they could get a job that paid enough to support themselves and perhaps even their children, but by the time they paid child care fees for two or three children, their income would be less than what they received from social assistance.

Concern about the quality of child care available was expressed by most mothers and influenced their decisions about employment. Some mothers said that they would rather not work than leave their child with someone they didn't trust. In addition, some child care arrangements (including licenced child care) aren't sufficiently flexible. Most low-income jobs are outside the traditional 9-5 work day and child care must be available 24 hours a day.

Discrimination in the Labour Force

Another reason for female poverty is the segregation of women into lower-paying occupations. Women earn less than their male counterparts even when their levels of education are similar. In 1994, the average income of Saskatchewan females with 0-8 years of education was $12,121; men with the same education earned, on average, $19,166. Among people with secondary and some post-secondary education, females earned, on average, $16,145; males $26,456. Among people with a university degree, the difference in income was even greater, $28,889 for women and $44,640 for men (Figure 13).

Figure 13: Income of Saskatchewan Females and Males by Level of Education – 1994



Source: *Income distributions by size in Canada*, 1994. (1995). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-207, Table 49, p. 144.

Women are disproportionately represented in low-paying clerical, sales and services jobs. As Figure 14 illustrates, in 1990, 78.5 percent of the people employed in clerical and related occupations (75.8 percent of full-time workers) were women. In the higher-paying field of construction trade occupations, women made up only 2.8 percent of all workers and 2.4 percent of full-time workers.

Figure 14: Distribution of Canadians by Gender and Occupational Group – 1990

	Distribution (worked 1990)		Percentage of Women	Distribution (worked full year, full-time in 1990)		Percentage of Women
Occupational Group	Men	Women		Men	Women	
Managerial, administrative and related occupations	13.8	10.1	37.8	18.8	15.3	34.4
Occupations in natural sciences, engineering and mathematics	5.8	1.8	20.1	7.2	2.4	17.4
Occupations in social sciences and related fields	1.6	3.0	61.5	1.7	3.1	53.6
Occupations in religion	0.4	0.1	15.6	0.4	0.1	15.6
Teaching and related occupations	2.9	6.3	64.3	3.4	6.9	56.5
Occupations in medicine and health	1.9	8.9	79.3	2.0	8.9	73.8
Artistic, literary, recreational and related occupations	1.8	1.7	44.9	1.4	1.4	38.8
Clerical and related occupations	7.2	31.7	78.5	6.9	33.5	75.8
Sales occupations	9.0	9.6	46.9	9.3	7.9	35.2
Service occupations	10.3	16.3	56.7	8.6	11.2	45.5
Farming, horticultural and animal husbandry occupations	4.1	1.8	26.3	3.5	1.5	21.9
Fishing, trapping and related occupations	0.6	0.1	14.0	0.1	0.0	8.6
Forestry and logging occupations	1.0	0.1	8.7	0.3	0.0	3.7
Mining and quarrying including oil and gas field occupations	0.8	0.0	2.8	0.7	0.0	1.9
Processing occupations	3.9	1.7	26.5	3.8	1.3	17.5
Machining and related occupations	3.2	0.3	6.4	3.2	0.3	5.7
Product fabricating, assembling and repairing occupations	8.7	3.1	22.9	9.6	3.2	17.6
Construction trade occupations	10.4	0.4	2.8	5.6	0.3	2.4
Transport equipment operating occupations	5.9	0.7	9.3	1.8	0.5	5.7
Material handling and related occupations, not elsewhere classified	2.2	0.8	23.5	1.8	0.8	21.4
Other crafts and equipment operating occupations	1.8	0.6	17.9	1.8	0.6	17.9
Occupations not elsewhere classified	3.0	0.9	20.3	2.3	0.8	18.5

Source: Gartley, J. (1994). *Earnings of Canadians*. Focus on Canada Series. Ottawa, ON: Statistics Canada; Toronto, ON: Prentice Hall. Statistics Canada Catalogue #96-317E, p. 26-27.

Within most occupational categories, there tends to be considerable gender segregation. For example, in the managerial and administrative category, women tend to occupy the administrative, not the managerial positions. As illustrated in Figure 15, women in this occupational category earned 59.7 percent (63.8 percent for full-time workers) of what men did in 1990. In the field of medicine and health, women made up 70.3 percent of all workers (73.8 percent of full-time workers), yet women's earnings were 42.4 percent of men's (50.9 percent for full-time workers). This indicates that women tend to be the lower paid nurses, nurses' aides and lab technicians, not doctors.

Figure 15: Average Earnings of Canadians by Gender and Occupational Group – 1990

Occupational Group	Average Earnings (worked in 1990)		Earnings Ratio	Average Earnings (worked full year, full-time in 1990)		Earnings Ratio
	Men	Women		Men	Women	
Managerial, administrative and related occupations	47,580	28,383	59.7	51,258	32,700	63.8
Occupations in natural sciences, engineering and mathematics	39,014	27,464	70.4	45,070	34,409	76.3
Occupations in social sciences and related fields	46,716	22,749	48.7	59,003	32,817	55.6
Occupations in religion	23,922	16,134	67.4	26,566	20,709	78.0
Teaching and related occupations	40,775	26,781	65.7	48,279	37,804	78.3
Occupations in medicine and health	57,652	24,441	42.4	62,026	31,557	50.9
Artistic, literary, recreational and related occupations	25,089	17,691	70.5	35,547	28,089	79.0
Clerical and related occupations	22,676	16,911	74.6	30,829	23,258	75.4
Sales occupations	27,732	14,058	50.7	36,436	23,328	64.0
Service occupations	20,311	10,344	50.9	30,498	17,231	56.5
Farming, horticultural and animal husbandry occupations	15,430	9,641	62.5	20,720	12,956	62.5
Fishing, trapping and related occupations	18,259	9,266	50.7	29,499	18,868	64.0
Forestry and logging occupations	21,222	8,739	41.2	35,293	21,581	61.1
Mining and quarrying including oil and gas field occupations	36,715	20,990	57.2	45,547	36,120	79.3
Processing occupations	26,914	12,824	47.6	33,651	20,536	61.0
Machining and related occupations	29,263	17,542	59.9	33,502	21,678	64.7
Product fabricating, assembling and repairing occupations	27,855	14,618	52.5	32,351	18,916	58.5
Construction trade occupations	26,471	17,172	64.9	35,322	26,276	74.4
Transport equipment operating occupations	27,792	15,185	54.6	33,634	23,992	71.3
Material handling and related occupations, not elsewhere classified	22,203	13,954	62.8	30,942	20,230	65.4
Other crafts and equipment operating occupations	32,823	16,618	50.6	37,918	22,905	60.4
Occupations not elsewhere classified	20,170	14,260	70.7	30,125	21,628	71.8

Source: Gartley, J. (1994). *Earnings of Canadians*. Focus on Canada Series. Ottawa, ON: Statistics Canada; Toronto, ON: Prentice Hall. Statistics Canada Catalogue #96-317E, p. 26-27.

As well as having lower salaries, women often have lower benefits (health benefits, life and disability insurance, paid vacations above the legal minimum, etc.). This is the case because women are more likely to work in occupations, industries or workplaces that do not offer benefits and because even if they do, many benefits are tied to wages or length of employment, which tend to be less for women than for men (Gunderson, Muszynski & Keck, 1990).

Women's lower earnings, coupled with traditional expectations about women's role in the family, tend to perpetuate wage and employment inequities. Often men focus on their jobs, thereby acquiring the experience and seniority to enhance their earnings, while women juggle both household responsibilities and jobs, to the detriment of their earnings and career growth. For women in two-spouse families, the result may be pressure on women to give up or reduce their career aspirations to accommodate their husband's higher-paying career.

The Nature of the Labour Market

Although changes in the labour market affect men as well as women, women feel their effects sooner and more strongly, because many women workers are already somewhat marginalized. Changes in the labour market that affect women include:

- the fact that most new jobs are in the low-paying service sector and tend to be filled by women and young people.
- the increasing trend toward contract work, part-time work and working at home.
- decreases in the number of full-time jobs and increases in the number of part-time jobs available.
- the fact that few benefits are provided in part-time and contract jobs; as a result the people who fill them do not have pensions, health and dental benefits, or holidays and vacations beyond the statutory minimum (Gunderson, Muszynski & Keck, 1990; Mullan, 1994, *Resource Guide*).

Living on Social Assistance

The April 1996 income of a middle-aged Saskatchewan woman who, until recently, was on social assistance was:

Shelter	*$ 276.62*
Utilities	*127.23*
Disabled Allowance	*40.00*
Basic Allowance	*195.00*
Total	***$ 638.85***

The shelter allowance covered the exact cost of the mortgage and taxes on a small house. The utilities allowance covered water, sewer, electricity, gas and basic telephone. The disabled allowance covered the cost of non-prescription medical supplies. Everything else – food, clothing, cleaning supplies, toiletries, long distance telephone and transportation – had to come out of the basic allowance of $195.00. On this budget, buying a bus ticket to visit a friend or adult child means saving for several months. It isn't possible to invite friends over for a meal, because there is no money to buy extra food. Misfortunes, such as the theft of a coat from a public coat rack or the breakdown of a household appliance, are major financial crises. For example, if the woman in this example had to purchase a stove or fridge for $500, she would have to get an advance on her social assistance payments. This advance would constitute an overpayment. In order to repay it, $55 would be deducted from her cheque for each of the next nine to ten months. This deduction means that her basic allowance would be reduced to $140.00 per month.

Social Assistance

"Social assistance or welfare is the income program of last resort in Canada. It provides financial assistance to individuals and families whose resources are inadequate to meet their needs and

who have exhausted other avenues of support" (National Council of Welfare, 1995, p. 1). Despite the widespread perception that many women are on social assistance for long periods of time, women's use of social assistance tends to be intermittent as they move in and out of the labour force. There is considerable movement out of poverty and off social assistance for most single mothers and the majority of them who use social assistance do so for relatively short periods of time. An Ontario study (Evans, 1987) found that one-quarter of single mothers were off social assistance within one year, half were off social assistance within one to three years, and only 15 percent were consistently on social assistance for ten years (Gunderson, Muszynski & Keck, 1990).

Figure 16 shows the dollar value of social assistance benefits in Saskatchewan between 1986 and 1994.

Figure 16: Saskatchewan Social Assistance Benefits in 1994 Constant Dollars

	1986	1989	1990	1991	1992	1993	1994	% Change 1993-94	% Change 1986-94
Single Employable	$5,568	$5,570	$5,448	$5,284	$5,483	$5,772	$5,760	– 0.2%	3.5%
Disabled Person		9,076	8,796	8,454	8,374	8,297	8,280	– 0.2%	Not Available
Single Parent, One Child	11,424	11,376	11,060	10,643	10,517	10,402	10,381	– 0.2%	– 9.1%
Couple, Two Children	16,026	15,785	15,338	14,738	14,977	14,772	14,800	0.2%	– 7.7%

Source: National Council of Welfare. (1995). *Welfare incomes 1994*. Ottawa, ON: Author, Table 5, p. 35.

Contrary to widespread public belief, social assistance benefits do not maintain people at the poverty line. Social assistance recipients live well below the poverty line. In Saskatchewan in 1994, the social assistance income of a single parent with one child was only 66 percent of the income that a person living at the poverty line would have (Figure 17).

Figure 17: Saskatchewan Social Assistance Benefits and the Poverty Line – 1994

	Total Income	Poverty Line	Poverty Gap	Total Welfare Income as % of Poverty Line
Single Employable	$ 5,959	$13,596	– $ 7,637	44%
Disabled Person	$ 8,515	$13,596	– $ 5,081	63%
Single Parent, One Child	$12,094	$18,430	– $ 6,336	66%
Couple, Two Children	$17,448	$26,969	– $ 9,521	65%

Source: National Council of Welfare. (1995). *Welfare incomes 1994*. Ottawa, ON: Author, Table 3, p. 28.

Spousal and Child Support

The number of single mothers who receive spousal and child support is small. A 1990 Statistics Canada survey found that 19 percent of single-parent families headed by women received no financial support from anyone outside their household. 1988 tax data indicate that 21 percent of all single-parent families and 31 percent of those with children under 18 reported on their tax returns that they had received either spousal or child support payments (Lindsay, 1992).

Unfortunately, tax data show only support payments actually paid and reported to Revenue Canada, not those that should be paid. It has been estimated that in March 1994 in Ontario, only 24 percent of the family support orders were in full compliance with no arrears (*Women in Canada*, 1995).

Several of the women who participated in the public consultations reported that their child support payments came irregularly, infrequently or not at all. This creates huge budgeting problems because money they are counting on doesn't come. For women on social assistance, the problem is particularly acute because their social assistance benefits are calculated and paid as if child support arrives regularly each month.

Women's Voices

Maintenance is part of your income. But I have one [ex-husband] who is really responsible and one who never pays on time. At the beginning of the month, you need that money. So two weeks into the month, I'd phone [the worker] and she'd pay me. Then a week later I'd get maintenance and tell her about it. I went in arrears that way.

Poverty Among Specific Groups of Women

- **Single Mothers** – Many single mothers are either unemployed or not in the labour force at all. In 1991, 16.8 percent of women heading single-parent families were unemployed, well over the rate (9.6 percent) for mothers in two-parent families. In addition, 37 percent of all single mothers were neither employed nor actively seeking work – that is, they were not in the labour force.

  Personal and family responsibilities are a major reason why many single parents are either unemployed or not in the labour force. In 1991, 14 percent of unemployed female single parents said that they left their last job because of personal or family responsibilities (about the same percentage as wives in two-parent families, but well above the percentage of male single parents). Similarly, among the single mothers who were not in the labour force, 21 percent said that they left their last job because of personal or family responsibilities (Lindsay, 1992).

- **Aboriginal Women** – Aboriginal women face all the same barriers to well-paid employment as other women, plus additional barriers created by racism, geographic isolation and lack of educational opportunities. Often Aboriginal grandmothers care for their grandchildren without adequate financial support. This further limits their opportunities to take paid employment (Mullan, 1994, *Resource Guide*).

- **Women Aged 55-64 Living on Their Own** – About half of women in this group have low incomes. The incidence of low income is particularly high among separated, widowed and divorced women aged 55-64. This is the result of social norms earlier in the century. Most of these women married during the 1940s and 50s when women's educational attainment and labour force participation were low. Thus, today, they lack the necessary education, work experience and job seniority for full employment (Burke & Spector, 1991).

  Many divorced women in this group would have gone through divorce at a time when divorce settlements tended to be biased against women. Their entry into the labour force may have been delayed by the presence of children. Thus, they would have had little time to build up assets or contribute to a pension (Burke & Spector, 1991).

Falling Through the Cracks

If a woman becomes unemployed or loses her husband at this time in her life, she is too young to collect a pension and it may be hard to find work. Technological change in the workplace and employer preference for younger workers make it very difficult to compete in the 1990's job market. Labour force re-entry, or entry for those who have never worked outside the home, may mean that older women have to work at whatever they can to survive until they are old enough for Old Age Security payments (Mullan, 1994, Resource Guide, p. 2).

- **Women Aged 65 and Over** – Older women's economic situations reflect the social values of 30 to 50 years ago when it was the norm for women to be economically dependent on men. Even for those women who were interested in paid employment, few job opportunities were available and the jobs that existed tended to be low paying.

  Therefore, the sources from which older men and women receive their incomes are different (Figure 18). In 1993, 24.8 percent of the income of Canadian men 65 and over came from registered pension plans (work-related plans), only 14.1 percent of the income of older women came from this source. Similarly, a larger percentage of the income of older men than women came from the Quebec and Canada Pension Plans which are also work-related.

Living on Old Age Security

In April 1996 a single, widowed or divorced woman aged 65 or over who had no other income would receive $865.62 per month from the government. The basic Old Age Security Pension is $395.55 per month. The maximum Guaranteed Income Supplement is $470.07 (Human Resources Development Canada, 1996). This must cover food, clothing, shelter and all other necessities of life, as well as treats such as gifts for grandchildren. Although seniors receive a discount on items such as bus passes and, sometimes, groceries, expenses often increase as you get older. Older people sometimes need paid help to keep their house and yard work up and they may take taxis because it's too hard to travel by bus.

Although the percentage of men and women receiving Old Age Security (which is not work-related) is almost the same, it represents a larger percentage of women's total income (23.2 percent) than men's (15.3 percent).

It is important to note that the situation of older women living in poverty is fundamentally different from that of younger women. Many younger women have hope for the future and hope of getting out of poverty. Finishing their education, getting a full-time job or

marriage are all possible ways out of poverty. Many younger women believe that once their children no longer need day care, they will have fewer work-related expenses and more freedom to work and thus will get out of poverty. Older women no longer have any of these hopes. The bleak reality of being poor, old and female is that there is very little hope of ever getting out of poverty. You know that you will be living in poverty for the rest of your life (Harman, 1992).

Figure 18: Canadian Taxfilers Aged 65 and Older, by Gender and Income Source 1983 and 1993

Male Taxfilers

Year	RPP	OAS	C/QPP	Employment		Investments	UI	Other	Total
				Paid	Business/ Professional				
PERCENTAGE WITH INCOME SOURCE									
1983	53.8	97.1	88.0	17.4	5.9	86.3	4.3	22.3	100.0
1993	58.1	96.3	92.4	10.2	4.4	68.9	2.4	52.7	100.0
INCOME ($000,000)									
1983	2,589	2,276	1,938	1,765	387	5,249	64	523	14,790
1993	9,424	5,811	6,983	3,119	626	9,178	202	2,679	38,022
PERCENTAGE OF TOTAL INCOME									
1983	17.5	15.4	13.1	11.9	2.6	35.5	0.4	3.5	100.0
1993	24.8	15.3	18.4	8.2	1.7	24.4	0.5	7.1	100.0

Female Taxfilers

Year	RPP	OAS	C/QPP	Employment		Investments	UI	Other	Total
				Paid	Business/ Professional				
PERCENTAGE WITH INCOME SOURCE									
1983	34.1	97.7	58.7	9.0	1.7	89.7	2.0	9.7	100.0
1993	37.2	97.2	73.3	5.4	1.4	70.0	0.9	54.8	100.0
INCOME ($000,000)									
1983	1,013	1,999	853	480	44	5,159	14	176	9,738
1993	4,156	6,866	4,618	1,096	112	9,121	69	3,501	29,539
PERCENTAGE OF TOTAL INCOME									
1983	10.4	20.5	8.8	4.9	0.5	53.0	0.1	1.8	100.0
1993	14.1	23.2	15.6	3.7	0.4	30.9	0.2	11.9	100.0

Source: *Canada's retirement income programs: A statistical overview.* (1996). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #74-507-XPB, p. 35-36.

4. Female Poverty and the Determinants of Health

There is a huge body of research which shows a strong relationship between income or socioeconomic status and health. The health of well-to-do people is better than the health of poor people. Poor people have a shorter life expectancy, and more chronic disease and disabilities than other groups in society (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994; Health Canada, 1986; Stoddard, 1996; Walters, Lenton & Mckeary, 1995).

Research shows that these differences in health aren't just a contrast between the very rich and the very poor, but something that occurs throughout all levels of the social hierarchy. Groups at every rung of the social ladder are healthier than those at the rung immediately below them (Stoddard, 1996).

The situation is further complicated by gender. "Discrimination against women also compound the effects of social class" (Walters, Lenton & Mckeary, 1995, p. 16).

Because poverty is something that permeates all aspects of a person's life, it affects all of the determinants of health. In this chapter, female poverty is discussed within the context of the nine determinants of health listed in Health Canada's Population Health Promotion Model.

Women's Voices

I grew up on welfare. I found it hard fitting into the community. I never had any new clothes till I met my husband. I found it hard fitting into the community having second hand clothes all the time.

I grew up on welfare too. Then I got off, working, and had to go back on it. I don't want to be on it. Nobody wants to be on it. I get so angry with people who say, "They're on welfare because they want to be."

When I was in high school, me and my friend would joke, "We're going to be welfare bums when we grow up." We made fun of it 'cause it was something nobody wanted. And here I am being a welfare bum.

My sister said, "all the people on social assistance should be lined up and shot."

People never aspire to be poor. It is usually a situation we are trying to get out of.

It's not my fault I'm unable to work and would like to have some security and live like a human being.

I don't believe for one minute that the families going on social assistance don't want to provide for their own families.

Income and Social Status

Income is a major determinant of social status, of how others see us and of how we see ourselves. Generally, lower income means lower social status. Poverty, particularly for those on social assistance, also means loss of personal power and loss of control over one's life. In some cases, poverty contributes to a loss of individuality.

These three aspects of poverty – lower social status, loss of control over one's life, and loss of individuality – are discussed in the next three sections.

Lower Social Status

People on social assistance have to live not only with the stigma of being poor, but also with the stigma that comes with being dependent upon the state. Over and over again, women who participated in the public consultations described how others look down on them because they are on social assistance. They emphasized just as strongly that they don't want to be on social assistance; that they aren't lazy and that they would prefer to work. Most had to go on social assistance because of job loss, separation or divorce, or illness or accident.

Loss of Control Over One's Life

Poverty for both the working poor and people on social assistance limits one's everyday personal choices. It means that what you eat, the clothes you wear, your recreational activities and where you live is determined by what is cheapest, rather than by what you would prefer.

> *Without money people had to settle for what they could get, rather than what they would have chosen. "I'd like to buy Campbell's soup, but I can't afford it." "I'd like to go out for coffee with a friend, but I can't afford it." "I'd like to visit my mother, but I can't afford it." ... On and on, day after day, people had to ask themselves, "What is the cheapest way to get by?" Rather than, "What do I really want?" When personal choice is so restricted by lack of income, it is difficult to maintain a sense of self-esteem and personal power* (Personal Aspects of Poverty Group, 1995, p. 44).

People on social assistance experience greater loss of control over their lives than the working poor, because many aspects of their everyday lives are controlled by social workers and a massive bureaucracy.

A Nova Scotia study (Blouin, 1992) found a huge imbalance in power between welfare workers and their female clients. This imbalance was manifested in two ways: by failing to give clients information and by authoritarian behaviour. Many of the welfare clients in the study had not been told by their workers that they had certain basic rights such as the right to appeal. Many had not been told that they were eligible for certain additional benefits or for educational programs.

Many of the welfare clients in the Nova Scotia study reported that their workers attempted to control them in the same way that a parent or a domineering husband would. Tactics such as humiliation and fear (threats of taking away children, for example) were not uncommon. The author of the study says:

> *Paternalistic and sexist attitudes such as these give women on welfare the message that they are not capable of talking charge of their own lives, and even that they are expected not to take charge of their lives. Injustice, in whatever form, takes away a person's dignity and confidence* (Blouin, 1992, p. 64-65).

Comments made by Saskatchewan women during the public consultations suggest that the situation in Saskatchewan isn't too different from the situation in Nova Scotia. There were many examples of situations in which social workers didn't inform clients about benefits or programs for which they qualify and of inconsistencies in the way that guidelines are applied.

For example:

- Two middle-aged women living in the same community, both with diabetes: One receives an extra $17.00 per month for food and one does not.

- Two young mothers living in the same community: One young mother's social worker refuses to authorize funds to pay for a phone because, "phones are luxuries, not necessities". The second young mother's social worker not only authorized funds for a phone, but insisted that she get one because, "when you have a baby a phone is essential."

Some of the women attending the public consultations were not aware that they have a right to appeal decisions made by their social workers. Some were aware of the right to appeal, but did not exercise this right because they were afraid their social workers would punish them in some way. Still others talked about the huge amount of time and energy that the appeal process takes. Some women only learned about specific benefits and programs by talking with other women at the consultations.

Women's Voices

Make [the cheques] easier to understand. ... A lot of people don't have the education to understand. On the cheque, there's numbers and things. Make it easier. I can't understand the cheques and I worked for Welfare Rights.

Another major concern is the issue of overpayments. Overpayments may be caused because:

- the worker's information about family size and income is not right;
- the client received or did not report other income;
- the client asked for additional emergency assistance; and,
- there is a problem with the client's utility accounts (*Social Assistance* ..., 1992).

Overpayments are deducted from future cheques. Saskatchewan Social Services is required to notify social assistance recipients of the amount and reason for any overpayment (*Social Assistance* ..., 1992).

Women's Voices

My income fluctuates. It is hard to look forward or even plan. The consequences of overpayment – never sure when that can happen.

Many of the women at the public consultations said that the way overpayments are handled is a real problem. Sometimes they are not aware that an overpayment has occurred, until they discover that deductions are being taken off their cheque. Women reported that overpayments are sometimes deducted in one lump sum rather than being spread over several months resulting in severe hardship. The handling of overpayments has been raised previously as a major issue. The Political Action Group on Poverty (1996) recommends the elimination of large recovery rates for social assistance overpayments. This group says that the way overpayments are presently handled is a major factor influencing child poverty in Saskatchewan.

It was obvious during the public consultations that some social workers are advocates for their clients; others see their role as that of a punishing authority figure. In small communities, where everyone knows everyone else, social assistance recipients know the local social workers and are aware of which ones are on their side and which ones are not. To a certain extent, if you're on social assistance, your quality of life depends on luck – on which social worker is assigned to you.

The result of the failure to provide information about social assistance benefits and of inconsistent application of guidelines is a sense of powerlessness and also considerable anger at a system that creates such a sense of powerlessness.

Loss of Individuality

Many women felt caught in a system that did not recognize their skills, strengths and preferences. One woman said she wanted retraining but was told she was not eligible until she had been on social assistance for three months, "so I cooled my heels for three months when I could have been getting ahead." There was a feeling that an application for social assistance should include not only a financial assessment, but goal setting and support for parenting, self-esteem, education, and employment needs. Several women pointed out that responding to the needs of individual women instead of enforcing a system would save money in the long run when women got off assistance and started paying taxes.

Women's Voices

Job training – why are they training people for jobs when they aren't suited for them? And why do you go from not being qualified enough to being over-qualified so they bypass you? It's a vicious cycle. Where do you fit in?

Social Support Networks

"Support from family, friends and communities is important in helping people deal with difficult situations and in maintaining a sense of mastery over life circumstances" (Hamilton & Bhatti, 1996, p. 5).

Several studies have emphasized the importance of social support for women's health and some researchers argue that the evidence of a causal relationship between social relationships and good health is as strong as that between smoking and poor health (Walters, Lenton & Mckeary, 1995).

Children as a Source of Support

When women in the public consultations were asked, "What is important to you?", "What makes you happy?", "What gives you hope?", their answers usually were their children or grandchildren. Their children and grandchildren kept them going, gave them pleasure in their lives and hope for the future. The comments made during consultations conducted by the Personal Aspects of Poverty Group (1995) parallel those made at the consultations for the *Women and Poverty* project. During these earlier consultations, "people expressed a strong sense of family responsibility and concern for the well-being of their children. Caring for children was highly valued and people expressed both the commitment and satisfaction which came from parenting" (Personal Aspects of Poverty Group, 1995, p. 55).

Women's Voices

The happiest day of my life is when I have my great grandchild. I'm having a great grandchild pretty soon. ... My mom said [that] when her oldest grandson was born, that was the happiest day of her life.

Happier? When I see all my grandchildren.

The parents don't so much worry abut themselves, they worry about their children.

What makes you happiest?

The love that I receive and give .... The fact that my child and I are clothed, fed and have each other has a great impact on how we go on day-to-day.

One of the false stereotypes is that poor mothers and particularly mothers on social assistance **don't** care about their children. Again and again, we heard mothers willing to sacrifice their own need for food, clothes, time for themselves, and even potential employment until they felt they had done all they could for their family. While some mothers talked about the need for personal time and activities away from their children, more talked about the need for support to put their children into the sports, cultural and social activities that help them to be part of the community and to build their self-esteem.

Other Women as a Source of Support

Women at the public consultations were asked, "What would make your life better?" Although several answers were usually given to this question, one answer was always, "More meetings like this." The public consultations provided a source of data for this report, but they were also useful because they offered women who had experienced poverty an opportunity to get together in a non-judgemental atmosphere and to share common concerns. In at least one community, the women who attended the public consultation made plans to continue meeting as a group, since they had found their first meeting so productive.

Women's Voices

What we are doing here is valuable work. And I'm glad I saw in the paper that there's a ten dollar honorarium because it is valuable what we are doing here.

Several women talked about how isolating poverty is and how few chances they have to talk to other women in the same circumstances.

The Teen and Young Parent Program in Moose Jaw and the Family Support Centre in Saskatoon were two programs that received high praise, because they are structured so that participants can get together, learn from each other and draw support from each other.

Education

Education that is meaningful and relevant equips people with knowledge and skills for daily living, enables them to participate in their community, and increases opportunities for employment (Hamilton & Bhatti, 1996). Generally, poverty is more common among people with lower levels of education. But, poor education is both a cause and an effect of poverty. Poverty, in and of itself, reduces a person's chances of getting a good education (Shalla, 1995).

The Effects of Poverty on Children's Learning

The Ontario Child Health Study (Offord, 1990) found that children whose families were on social assistance were 2.9 times more likely to do poorly in school than similar children not on social assistance. However, the odds for a girl from a family on social assistance faring poorly was nearly six times that of other girls. The School Leavers Survey (Gilbert et al, 1993) found that adolescents from single-parent families (most of whom lived in poverty) were far more likely to drop out than students from two-parent homes. Twenty-five percent of school leavers were from single-parent families compared to 12 percent of graduates.

Why Do Children Who Experience Poverty Do Poorly at School?

Children who experience poverty live in modest or substandard housing and do not have the clothes and sports equipment that middle-class children take for granted. A deprived material environment can lead to unmet needs and alienation. Some children who live in poverty may stay home from school (or be kept home by parents) because they feel so out of place. The poor physical and mental health resulting from poverty makes learning more difficult. Children who live in poverty sometimes arrive at school hungry and leave still hungry. Hungry children have trouble paying attention and concentrating, and may be listless or irritable (Mandell, 1992).

There is also some evidence that the educational system tends to limit the opportunities of children who live in poverty and to push them out of school. For example:

- Middle-class children receive greater praise and attention from their teachers while lower-class children receive more criticism and punishment. Teacher encouragement plays a major role in bolstering students' self-esteem and keeping them in school (Mandell, 1992).

- Lower-class children are often labelled as failures early in their school careers and are tracked into vocational or non-academic streams (Mandell, 1992).

- The hierarchical nature of the school system causes a loss of dignity and social influence among children living in poverty (Saskatchewan Institute on Prevention of Handicaps, 1993).

- There is a cost associated with most "free" extra-curricular school activities – purchase of musical instruments, sports equipment, transportation to and from the swimming pool or hockey rink, for example. Low-income families simply do not have the money necessary

for participation. Many extra-curricular activities are structured so that children living in poverty are pushed out (Mandell, 1992; Saskatchewan Institute on Prevention of Handicaps, 1993).

Children from First Nations and Métis families that live in poverty have a double burden. They experience racism as well as the stigma of poverty. Several of the First Nations and Métis women who attended the public consultations reported racist behaviour at school by other students and teachers.

> ***Women's Voices***
>
> *Too much racism in the school anyway. I feel there should be more Native teachers in this school because the majority of students are Indians.*

Education as a Way Out of Poverty

Some of the younger women attending the public consultations recognized that improving their education would be a way out of poverty for themselves and their children. They expressed a wish to finish high school or go to technical school or university. They also recognized that their poverty would make further education difficult. Some concerns expressed included:

- Further education would only be possible with a student loan, but such a huge loan would be required to support themselves and their children through two to four years of study that they would have no realistic expectation of ever repaying it.
- Student loan regulations allow them to go to school full-time but not part-time. Because the responsibility of caring for young children makes full-time study difficult, another door is closed.
- In most cases, students are not eligible for social assistance.
- It is very difficult to get affordable child care.

> ***Women's Voices***
>
> *You have more power with an education, [when] your family supports you to go and get your education. You have to have someone powerful behind you in your family to push you.*

Employment and Working Conditions

"Meaningful employment, economic stability, and a healthy work environment are associated with good health" (Hamilton & Bhatti, 1996, p. 3). Women who are employed, in contrast to those who are homemakers, report better health. The financial rewards, social support and greater self-esteem of employment all benefit women (Walters, Lenton & Mckeary, 1995).

At the public consultations, a few young women with babies said that they would prefer to be at home until their infants are a bit older, but the great majority of women who were on social assistance said that what would make their lives better is a job. Increased income was only one reason why they wanted to work and perhaps not even the most important reason. Women talked about the increased social status and increased sense of personal self-worth that comes with employment. They talked about how work offers social contacts and gives them a sense of contributing to society.

Women's Voices

What would make your life better?

Work, I'm sure we all want to work and not live on social services. But what option do we have?

A good job.

Not to be rich, rich. But to earn the money. And a little more than you get on social assistance.

However, women also reported a number of obstacles that made it difficult to get and keep paid work. Some of these obstacles include:

- **The nature of the labour market.** It is increasingly difficult to get full-time, permanent work. Many women talked about needing to fit together three or four part-time or contract jobs in order to make a living. This became almost an impossible task when they also had to care for their families.

- **The lack of affordable child care.** Some mothers reported that the way the provincial child care system is structured does not make it easy to obtain child care.

Women's Voices

The nature of the labour market.

Over the time I was employed, I had three part-time jobs, and I could do two on any given day. They were in widely separated places in the city and I had to take public transit so I ended up eating breakfast and lunch and supper on the transit coach just to have enough travelling time. And I couldn't give any one employer enough hours and I couldn't be available when they needed extra time because I had to go to another job. But they were temporary anyway. I eventually lost them, but that was probably just as well because I was burning out, literally losing my health and it took me several months to recover. Since then I've had, I've only had temporary jobs. I have never had a permanent job. I am 20 years away from the official retirement age. There is probably no money in the pension fund for me. And I'm worried that I'll never get a permanent job until I'm old enough to retire. That there won't be enough money in the pension fund to support me. I'm starting to worry about the consequences of retirement.

Lack of affordable child care.

There have to be better child care centres, more child care. How can they expect us to become financially independent when there's no child care. And I'm not talking children parked in front of Lion King at the neighbours'. I'm talking about quality child care. It is so expensive. That's a really big issue.

I want to work and I could find work. But I'd make so little money that it's not worth putting my child into child care for that amount of money. Like, if I got to keep even half the money I make, I'd be happy. I have to pay my own child care costs so I'm not making anything.

Provincial subsides are available, but only to families using licenced family child care providers or non-profit centres (*Breaking New Ground ...*, 1994). Mothers said that it is virtually impossible to get their children into licenced child care centres, because the demand is so great. (It is estimated only one child in ten requiring child care is in a licenced facility (*Breaking New Ground ...*, 1994).) Although some mothers could arrange for a relative or neighbour to care for their child, these arrangements were not eligible for provincial subsidies and therefore were too expensive.

- **Lack of job skills.** Although some women at the public consultations said they lacked job skills, the percentage who had marketable skills such as word processing, bookkeeping or clerical experience was quite high. Some women said that they needed to update their skills, particularly computer skills.

- **Lack of bridges between social assistance and work.** Many women said that the system is structured so that it is an either/or situation. Either all their income comes from social assistance or from work; there is no middle ground. Social assistance benefits are discontinued as soon as earnings equal the amount of the welfare cheque and there is no provision for child care or rent subsidies.

  Many women talked about the necessity for a period of subsidy from social assistance during their first three months of work or a gradual weaning process as they became more established in the labour force, or as their earnings increased.

  Of particular concern were health costs such as medicine, dental and optometric services, and child care costs. One woman said that she was able to get a job and get off social assistance. However, when all three of her children needed eyeglasses at the same time she had to go back on social assistance.

  Another said that she was able to earn enough to cover everything but child care expenses. She was told by Social Services that it would not be possible to subsidize her child care expenses. She could apply for full social assistance benefits, but not partial benefits.

Women's Voices

Lack of job skills.

And I'm still unemployed, still having difficulty finding clerical work. Because I have always had temporary jobs there are gaps in my work record, gaps because I wasn't able to find work, gaps because I didn't have the health to work. Employers look at gaps and they are reluctant to hire me. I don't have the years of consecutive experience that seem to be in demand. Employers seem to think that I should go away, cut my teeth on the growing edge of someone else's business, get my experience elsewhere, and when I have this magical two to five years of experience, then come back. Then they'll consider employing me. ... And the longer I remain searching for a job ... the further I am from my training, the more rusty my clerical skills become. The computer applications are upgraded and I don't have the current version. I can't just step into an office and they are not offering training on the job. They expect us to be current and fluent and I get so frustrated.

Lack of bridges between social assistance and work.

It would be just too hard to cover the medical expenses of a young child so that's a disincentive to work.

There should be a cooling-off period. You phone your worker. "I got a job." As soon as she hangs up, she is cutting off the cheque and that sets you back. If you're working, you should be covered for three weeks or something like that, then cut off. You make a little extra money to start.

- **Disincentives to work.** Presently, social assistance recipients are allowed to earn a small basic amount and a percentage of anything above that amount to a certain limit. Anything earned above the maximum is deducted from the next cheque. The limits depend on family size and whether the recipient is disabled or not. Figures 19 and 20 display the earnings exemptions.

Figure 19: Earnings Exemptions for Social Assistance Recipients Who Are Not Disabled

Family Size		Maximum Amount of Exemption
1	$25 + 20% of the next $250 =	$ 75
2	$50 + 20% of the next $500 =	$ 150
3	$75 + 20% of the next $625 =	$ 200
4	$100 + 20% of the next $625 =	$ 225
5+	$125 + 20% of the next $625 =	$ 250

Source: Saskatchewan Social Services. (1994). *Social assistance policy manual.* Regina, SK: Author, Chapter 17 SC 1P2.

Figure 20: Earnings Exemptions for Social Assistance Recipients Who Are Disabled

Family Size		Maximum Amount of Exemption
1	$100 + 20% of the next $250 =	$ 150
2	$125 + 20% of the next $500 =	$ 225
3	$150 + 20% of the next $625 =	$ 275
4	$175 + 20% of the next $625 =	$ 300
5+	$200 + 20% of the next $625 =	$ 325

Source: Saskatchewan Social Services. (1994). *Social assistance policy manual.* Regina, SK: Author, Chapter 17 SC 1P2.

Many women said that the earnings exemption is too low. Women said, "What's the point of working? They're only going to take it away, anyhow." They also talked about how if they earned over the amount allowed, they were in an overpayment situation and deductions would be made from their cheque for the next several months. This created problems because the earnings had already been spent, usually on things needed by the children. This provision also creates ethical dilemmas for many women. "If my parents give me $200 for Christmas, should I report it?" "Should I report what I earned collecting pop cans?" "If I can earn cash doing housework should I report it?" "If someone gives me a basket of garden vegetables, am I required to report the cash value?"

Women's Voices

Disincentives to work.

Incentives for getting off social services [are needed]. A program whereby the benefits that people receive such as medical cards and prescription service be continued as people are making the transition into working. But I think even better than that, would be to allow low income people, regardless of their status, access to these programs. That's the real key.

I try to work and when I get work, they take it all away or make me pay more rent.

- **The difficulties faced by older women.** Some women aged about 45 to 60 reported that it was very difficult for them to get work. This was the case particularly if they had been recently divorced or separated and had not been in the labour force. They lacked job skills, experience and self-confidence. They felt that many employers would prefer younger workers and, thus, were easily discouraged.

At the public consultations, a number of single women, including older women, expressed concern that when income and support programs focus on children, women without children or those whose families no longer live with them are being overlooked. Their needs for shelter, food, and other necessities as well as social, education and employment opportunities continue. Many of these women are struggling to support themselves through a combination of part-time and piece work ranging from typing resumes and delivering newspapers to providing janitorial and child care services.

Falling Through the Cracks

Even social services seems to realize that by the time you reach 50, you're not going to get a job, so they classify you as not employable and they will give you a little bit of extra money (Mullan, 1994, Videotape).

Physical Environments

Factors such as air and water quality, the type of housing and the safety of our communities have a major impact on health (Hamilton & Bhatti, 1996). The women who participated in the public consultations made little reference to larger environmental issues such as air and water quality and pollution. However, they did talk about housing and the way it affects their lives.

Overcrowded and substandard housing "is a fact of life for many low-income families that can be major sources of stress. Members of crowded households lack privacy and often feel overwhelmed by the demands of ever-present parents, children, or brothers and sisters. The stress caused by inadequate housing can contribute to physical and psychological illnesses, which in turn, create additional pressures and problems for parents already facing difficulties in providing consistent care for their children" (National Council of Welfare, 1979, p. 4-5).

Women's Voices

First and foremost, the quality of housing that has been available to me as a single mom is disgusting. I've lobbied and lobbied. I've got housing inspectors and had them close places down. I moved into one place where I was told rent was $300 a month. I said "Great, I can afford that place" and even have some extra on my budget. The landlady says, "You're on social assistance; it's $380 please." It had an infestation of insects that was there all year round. She had thrown carpet down on a crumbly basement floor and said that was the second bedroom. There was open sewer in the basement. There was a sewer leak around the toilet and coming down on the bed, as well as falling plaster and lead-based paint throughout the house. The furnace had a crack in the heat exchanger and the CO_2 level in that house was so high it was almost nauseous. The mold that grew on the windows and up in the attic and in some of the built-in cupboards was so bad that I was spending over a dollar day on antihistamines just to keep my allergies in check. I was constantly sick. And it was the only place available to me, with a child and a dog. And the dog is very important to me.

Biology and Genetic Endowment

Although socioeconomic and environmental factors are important determinants of overall health, in some circumstances, genetic endowment seems to predispose certain individuals to particular diseases or health problems (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). However, biological factors do not explain why some people experience poverty are poor and some do not. People with low incomes are biologically no different than other groups in society. Nor does biology explain why women have lower incomes than men. Biological differences do exist between men and women, but those differences do not explain why women are segregated into low-wage jobs in the modern, industrial labour market. Furthermore, technological advances have largely eliminated jobs where physical strength is a requirement (Gunderson, Muszynski & Keck, 1990).

Women's Voices

For more than a year, I lived on $1,000 and whatever I could make collecting pop cans. But when I got pregnant I knew I had to go on social assistance. I had no choice – a life was at stake and I had to have proper nutrition.

One area where poverty affects biology and genetic endowment is prenatal development. If a pregnant woman has an inadequate diet, as is common among poor women, then her unborn child suffers. Low birth weight is the single most important factor for infant mortality and disability, and children born to low-income families are 40 to 50 percent more likely to be born with low birth weight than those children born to more wealthy families. Rates of low birth weight infants are approximately 7 percent for low socioeconomic groups (some sub-populations are up to 10 percent) as compared to a rate of 5 percent for higher socioeconomic groups (Saskatchewan Institute on Prevention of Handicaps, 1993).

Personal Health Practices and Coping Skills

Personal Health Practices

Personal health practices include smoking, use of alcohol and other drugs, healthy eating and physical activity (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). Personal health practices are key in preventing disease and promoting self-care (Hamilton & Bhatti, 1996).

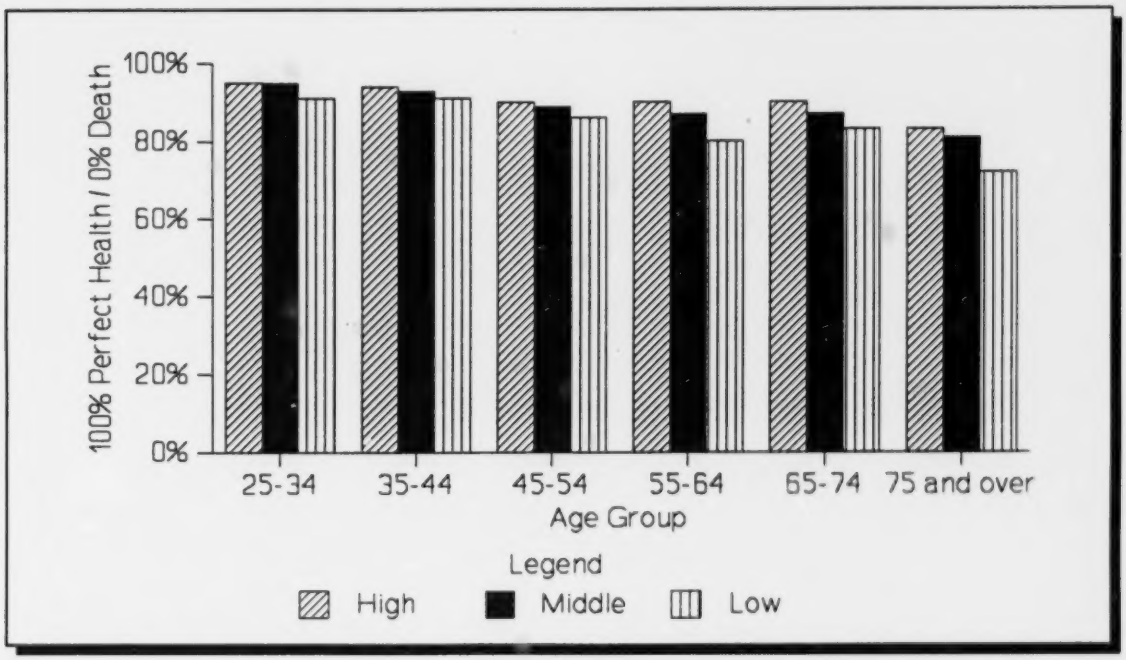
One particular personal health practice, maintaining a healthy diet, is more difficult for people with low incomes than for the well-to-do. Repeatedly, during the public consultations, women remarked that they don't eat enough fresh fruit and vegetables because they can't afford them. They were particularly concerned because they are not able to regularly buy fresh fruit and vegetables for their children. When you live in poverty, your diet consists of cheap, filling foods – pasta primarily. Most fresh fruits and vegetables are beyond your means.

There is also some evidence that adults with low incomes are more likely than others to smoke and less likely to quit smoking to improve their health (Roberge, Berthelot & Wolfson, 1995; *Women and Tobacco*, 1995). It is probable that for many low-income women smoking is one way of dealing with the stress created by poverty (*Women and Tobacco*, 1995).

In general, people with low incomes have lower overall levels of health than people with more money. Several studies have shown that the lower the income in a household (Roberge, Berthelot & Wolfson, 1995) or in a neighbourhood (National Council of Welfare, 1990a), the lower the general level of health. People with low incomes also have a shorter life expectancy than the general population (National Council of Welfare, 1990a).

As Figure 21 illustrates, women with high incomes have better health at all ages than women with low incomes. The health gap between the well-off and those who live in poverty is particularly large among women aged 45 to 64. This may be because by that age the cumulative effects of lifestyles and life experiences are influencing health. Among seniors living in their own homes, especially those aged 75 and over, there are still differences in health by socioeconomic status, but they are less extreme than for the middle-aged. By this age, it is possible that many of those who were less healthy have died or been institutionalized, leaving a relatively healthy population of seniors living in their own homes (Roberge, Berthelot & Wolfson, 1995).

Figure 21: Canadian Women Living in Private Households by Income Level and Average Health Status Index Scores - 1991



Source: Roberge, R., Berthelot, J. M., & Wolfson, M. (1995). Health and socio-economic inequalities. *Canadian Social Trends, (37)*, 15-19. Statistics Canada. Statistics Canada Catalogue #11-008E, p. 18.

Note: The Health Status Index is a measure which combines all aspects of a person's health. A score of 100 equals perfect health. A score of 0 equals death. In the graph above, a HSI score of 80 percent or greater is considered a high level of health.

Coping Skills

Coping skills are the skills people use to interact effectively with the world around them, to deal with the events, challenges and stresses they encounter in their day-to-day lives (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). Effective coping skills enable people to be self-reliant, solve problems and make choices that enhance health (Hamilton & Bhatti, 1996).

Women's Voices

I'd like to be at the level where I'm not worried all the time. Money can't make you happy, but it sure would help. If I take the grandkids to McDonalds, then I have to go to my daughter's place to eat. I never thought I'd have to make the choice - am I going to buy a bra this month or am I going to eat?

One factor that strongly influences a person's ability to cope is stress; and poverty is stressful.

> *Families at all income levels risk the breakup of marriages, the illness or death of a parent, the special problems of handicapped children, difficulties with rebellious teenagers, and other strains on their child-rearing capacities. The poor, however,*

must shoulder an additional burden – the constant anxiety and pressure that result from struggling to raise a family on an inadequate and often uncertain income.

Life is a see-saw affair for poor parents and their children. Their income is already not sufficient to meet the most basic requirements of food, clothing and shelter. Anything that widens the gap between income and need – the loss of a bread-winner's wages because of unemployment or illness, escalating rent, sudden rises in fuel and grocery costs, any unexpected and unavoidable expense – can plunge a poor family into crisis.

Poverty increases the range, frequency and severity of stress to which families are exposed. In virtually every major aspect of their lives – from their housing and health to their work and education – low-income Canadians face the prospect of doing without what most people take for granted, and put up with more problems than most are likely to encounter (National Council of Welfare, 1979, p. 4).

Childhood experiences affect our ability to cope in life, to learn in school and to get a job. One childhood experience that destroys some women's ability to cope, to hold a job and to get out of poverty is childhood abuse, particularly childhood sexual abuse. The pain felt by these women is so intense that it interferes with the ability to learn, to work and to develop professional and personal relationships. Often it leads to drug and alcohol addiction. For example, 17 of 20 women (most of whom were unemployed) in a Saskatoon project for women with substance use issues (Barnsley, 1996) had experienced childhood sexual abuse.

Women's Voices

The effects of child sexual abuse are widespread and pervasive. Abuse affects how a woman parents, how she learns in school; it affects her relationships and often leads her into poverty. People say, "Why doesn't she get her act together and get a job", but she can't get her act together because she's been abused. There's a failure to recognize that the basic cause of the social and economic problems that some women experience is abuse (Agency representative).

For women who want to overcome the effects of abuse, healing is a full-time job. They are not able to go to school or to work because it takes all their energy to get well. A few women who participated in the public consultations reported that they were occupied full-time in therapy, meditation, personal writing and other activities to heal the effects of childhood abuse.

A few other women at the consultations said that they had spent several years healing the effects of abuse and now were in a situation where they were able to go to university, work and continue their healing by helping others.

Women's Voices

I'm in poverty. I'm on social assistance, because I was abused sexually in my child-hood, in my home and outside of my home. And continued into an abusive relationship and marriage. And now I'm trying to deal with that and it is a full time job to heal.

No one understands that my healing is important so it doesn't go on from generation to generation. And my daughter said to me yesterday, "Mom, if you can look good, if you can write a book, if you can go downtown, why can't you work?" And she's just not understanding that I can't handle it. The past affects everything that happens in the present.

Healthy Child Development

Child Poverty

It is impossible to talk about the effects of poverty on women without also talking about its effects on children. Virtually all the children of poor women also live in poverty. Sometimes, this cycle of poverty spans three generations. This is the case for many First Nations and Métis families where grandmothers assume responsibility for their grandchildren's day-to-day care.

Positive prenatal and early childhood experiences have a significant effect on future health, well-being and competence – an effect that is more powerful and long lasting than has previously been understood (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994; Hamilton & Bhatti, 1996).

There is a huge body of research which demonstrates the harm that poverty does to children (Bryant & Ramey, 1987; Geller, Joel & Moryski, 1993; Heber, Dever & Conry, 1968; Offord, 1990; Offord, 1991; Ramey, Stedman, Borders-Patterson & Mengel, 1978; Saskatchewan Institute on Prevention of Handicaps, 1993; Schweinhart, Barnes & Weikart, 1993; Standing Senate Committee on Health, Welfare and Science, 1980; Standing Senate Committee on Social Affairs, Science and Technology, 1991; Wright, 1983). Virtually every aspect of a child's life is affected by poverty including health, schooling and behaviour.

The Ontario Child Health Study (Offord, 1990; Offord, 1991) found that:

> *The results were consistent and striking. Poor children compared to middle-class children had more than twice the rate of psychiatric disorders (31.6% vs. 13.6%), poor school performance (29.7% vs. 13.3%), regular tobacco use (25.6% vs. 11.6%), and social impairment (11.9% vs. 3.6%), and almost twice the rate of chronic health problems (30.% vs. 17.6%). In addition they were significantly more likely to grow up in families where there was overcrowding, one parent in the home, parental unemployment, disturbed family relationships and parental psychiatric disturbance. In short, poor children in Ontario have a markedly inferior life quality (Offord, 1991, p. 10).*

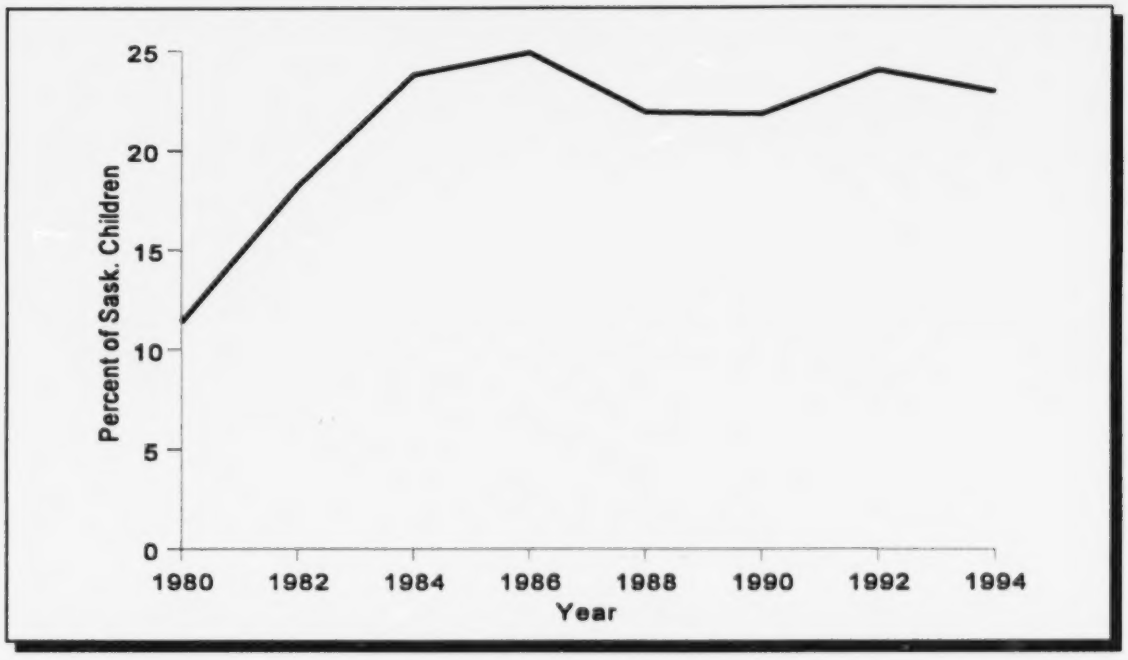
The Standing Senate Committee on Social Affairs, Science and Technology (1991) said:

> *Multiple risk factors, which occur more frequently among poor children, especially among children in families that are persistently poor and live in areas of concentrated poverty, are frequently the precursors of adult social problems. Studies document the higher risk for low birth weight, poor nutrition, developmental disabilities, poor school performance, juvenile delinquency and child abuse among poor children* (Standing Senate Committee on Social Affairs, Science and Technology, 1991, p. 9).

The problems that result from growing up in poverty sometimes result in life-long barriers which may prevent children from ever leaving a low-income situation. Poverty is sometimes handed down from one generation to the next (Oderkirk, 1992).

The effects of child poverty are a major concern, because child poverty is increasing in Saskatchewan. In 1980, 11.4 percent of Saskatchewan children lived in poverty; in 1994, 22.9 percent did (Figure 22). In 1994, the child poverty rate for Canada as a whole was 19.3 percent. For Aboriginal children, the poverty rate is much higher. The Standing Senate Committee on Social Affairs, Science and Technology (1991) estimates that 52 percent of Canadian Aboriginal children live in poverty.

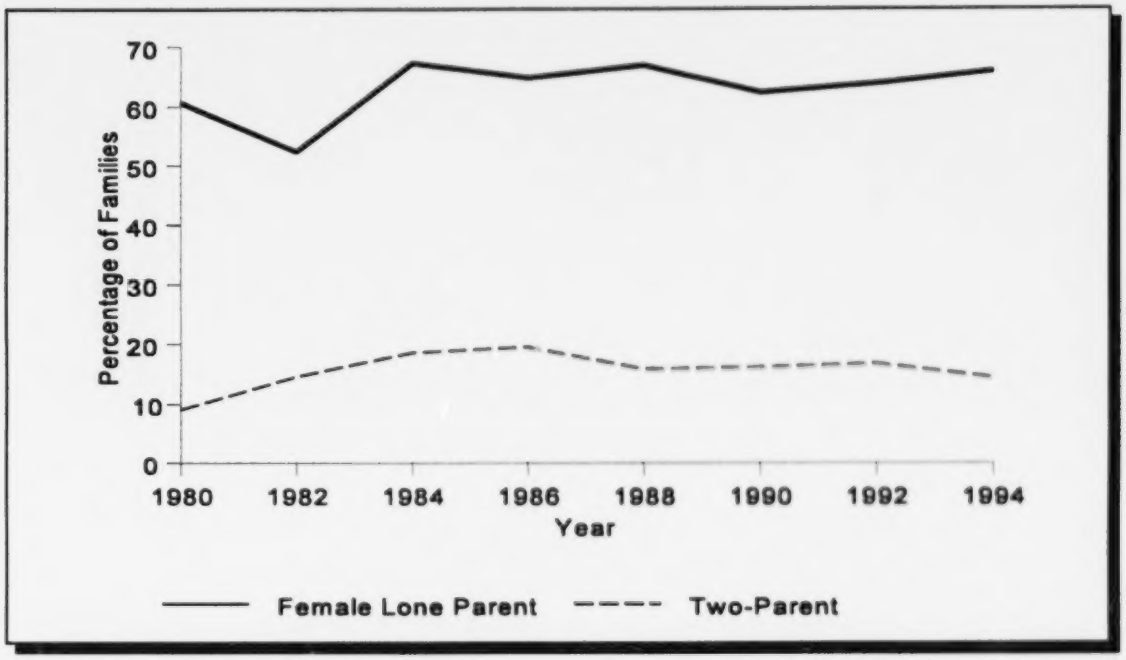
Figure 22: Poverty Rate Among Saskatchewan Children Under 18 Years of Age in All Families - 1980-1994



Source: *Low income persons, 1980 to 1994.* (1996). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-569-XPB, Table 5, p. 30-31.

The poverty rate among children in families headed by a female single parent is much higher than in two-parent families. In 1994, 65.9 percent of the children in single-parent families headed by a women lived in poverty; only 14.4 percent of the children in two-parent families did (Figure 23).

Figure 23: Poverty Rate Among Saskatchewan Children Under 18 Years of Age in Two-Parent and Female Lone-Parent Families - 1994



Source: *Low income persons, 1980 to 1994*. (1996). Ottawa, ON: Statistics Canada. Statistics Canada Catalogue #13-569-XPB, Table 5, p. 32-35.

The women who participated in the public consultations for the *Women and Poverty* project were very aware of the harm that poverty is doing to their children. They were less concerned about poverty's effect on them than about its effect on their children. Their sense of failure because they are not able to provide the things that middle-class children take for granted permeated many conversations. Mothers talked about how children as young as five or six have learned not to ask for toys or treats, because the response is always, "I'm sorry, Honey, I'm broke."

Women's Voices

It affects everybody. I get mad at my kids when they ask for something. It's not their fault. They're normal kids. They ask you for something; you feel like a loser.

They see the other kids at school with this, that and the other thing. They have a hard time grasping why they can't just have that.

That's the hardest part as a parent, having to say NO when you'd really like to say Yes to some of that.

... just a little extra cash so you could offer them something. Last night, the gun safety course ... I thought Cadets was going to pay for him, and then I find out it's $25. I don't have $25 to enrol him. And that would have been a good thing.

They see kids wearing expensive clothes and they want these clothes and I can't afford it. And when I tell them I can't afford it, they get mad at me. So that makes me miserable.

Mothers of teenagers talked about how important it is to their children to have the same running shoes as all the other kids – running shoes that are beyond the financial reach of a social assistance budget. But more than toys or treats or clothing, mothers grieved because they could not provide opportunities for their children. There simply is no money for hockey, music lessons or karate – activities that develop skills, build self-confidence and allow a child to be part of the gang. Some mothers also reported that their children do not understand why they can't have things that other children have. The result is arguments and tension in the home.

Breast-Feeding

Breast-feeding has physical and emotional benefits for both mother and baby. It is the best way to give baby a good start. The women at the consultations reported that health care providers have an ambivalent attitude toward breast-feeding. It is assumed that young mothers, particularly if they are living in poverty, will not breast-feed. Several young mothers reported receiving no support for breast-feeding and, indeed, being actively discouraged from breast-feeding by their doctors, by the nurses in the hospital and by public health nurses. In contrast, it is assumed that middle-aged mothers, particularly if they are middle-class, will breast-feed. The women at the consultations said that older, middle-class mothers receive much more support and encouragement in this very important endeavour than do young mothers living in poverty.

Health Services

Health services, particularly those designed to maintain and promote health and prevent disease, contribute to population health. Preventive health services include prenatal care, well baby clinics and immunization (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994).

About half the women participating in the public consultations said they experience stress or a symptom such as diabetes, arthritis, asthma, allergies and headaches.

Women's Voices

Frustration with the system, frustration with the poverty. Because there are things that will help that aren't covered by the health system, like herbs. So if I had money, there are things that would help. ... things that aren't covered ... vitamins, minerals, massage therapy, homeopathy.

Many women – working poor, single mothers, and women alone – spoke about the stress and resulting health problems of caring for their families and themselves while living in poverty. Stress came from simply not having enough money, from the constant pressure of caring for children as a single parent, from worries about child care, and from not having enough time, money or energy to meet their own personal needs.

Despite the fact that many of the women participating in the public consultations mentioned chronic health problems, not many discussed availability or quality of health services.

As noted previously, low income working parents described how difficult it is to provide prescriptions, dental and optometric care for their children while on a limited budget. People on social assistance expressed concern about the cost of non-prescription drugs and about the fact that only basic dental care is provided. Social assistance will pay only for fillings and extractions, not for caps, root canals or other treatments designed to improve both dental health and appearance.

Women's Voices

Financial desperation decreases self-esteem. 24-hour workload leads to exhaustion. Pressure of all factors leads to physical illness.

I have to leave my kids [when I go to work], and juggling the bills. And I have a revolving door at the doctor's office from the stress that builds up at work. And I have to come home and my body rebels and I get sick right away. That didn't happen before.

If it weren't for my kids, I'd probably give up, kill myself. ... feeling really worn out. It affects me physically but even more mentally.

Women's Voices

When you get prescriptions for your child, there are certain prescriptions that aren't covered on the health plan. And welfare won't reimburse them. Or even a cough syrup. Sometimes that's all it would take to keep your child off other medications, and it's not covered and you have to come up with the money. Even vitamins. Tylenol. That's almost a necessity when kids are teething.

5. Comprehensive Action Strategies

Recommendations from the Literature

Poverty is a topic that has been addressed by many economic theorists, non-governmental organizations and community-based action groups. Recommendations that come from theorists, non-governmental organizations and action groups tend to focus on restructuring economic and social systems. Common recommendations include:

- **job creation** – "A meaningful job that pays a real living wage is a true social program" (Morton, 1995, p. 6). Strategies for job creation include:
  - lowering interest rates to support small and medium-sized businesses (the source of most new jobs);
  - linking government support for large corporations to job creation; and,
  - redistributing the available work by eliminating overtime, promoting job sharing and four-day work weeks (National Anti-Poverty Organization, 1995; Political Action Group on Poverty, 1996).

  Community economic development is also seen as an important component of job creation. Examples of community economic development structures include:
  - worker co-operatives;
  - community development corporations;
  - components of voluntary organizations;
  - barter groups; and,
  - organized skills exchanges (Gunderson, Muszynski & Keck, 1990, National Anti-Poverty Organization, 1995).

  Funds for these projects usually come from the various levels of government, from community groups and, sometimes, from the participants themselves. Community economic development projects can be targeted to meet the needs of specific groups; for example, poor women who can be both workers in projects and consumers of services provided by projects (Gunderson, Muszynski & Keck, 1990, National Anti-Poverty Organization, 1995).

- **training and education** – training and education are important because:
  - some poor women do not have marketable skills; and,
  - training is crucial if all workers are to respond to labour market changes such as those resulting from technology (Gunderson, Muszynski & Keck, 1990).

Women may be particularly disadvantaged when it comes to training because their pattern of intermittent and part-time employment reduces their accumulation of on-the-job training and because they tend to occupy low-wage jobs that offer few training opportunities (Gunderson, Muszynski & Keck, 1990).

Strategies for training and education include:

- ensuring that government training programs train women for high-paying "non-traditional jobs" as well as the traditional clerical and service jobs (Gunderson, Muszynski & Keck, 1990).
- providing income supports for people in training programs (National Anti-Poverty Organization, 1995).
- ensuring that training is targeted to jobs for which there is a demand and that training is practical enough so that it can be applied in real-life situations (National Anti-Poverty Organization, 1995).
- restructuring support to post-secondary education so that it is possible to get a certificate or degree without facing a huge and unmanageable debt load (National Anti-Poverty Organization, 1995).

- **income support** – Income support means ensuring that all Canadians have enough money to live decently and to actively participate in society, not just live on its margins (National Anti-Poverty Organization, 1995). Income support strategies include:
  - rebuilding the Unemployment Insurance Program (National Anti-Poverty Organization, 1995).
  - increasing social assistance rates (National Anti-Poverty Organization, 1995; Political Action Group on Poverty, 1996).
  - ensuring access to free medical and dental care and to prescription drugs (National Anti-Poverty Organization, 1995).
  - full indexation of the family allowance and the refundable child tax credit and expansion of these benefits (Gunderson, Muszynski & Keck, 1990).
- **wages** – Some women work full-time and still do not earn enough to support themselves and their families. Policies to improve wages include:
  - increasing the minimum wage – If you're on social assistance, there is little incentive to work when you will be worse off financially doing paid work (Canadian Advisory Council on the Status of Women, 1994; Gunderson, Muszynski & Keck, 1990; Political Action Group on Poverty, 1996).
  - enacting and enforcing pay equity laws – Pay equity means equal pay for work of equal value. Value is usually determined by a job evaluation procedure that involves comparisons of the education, skill, effort, responsibility and working conditions of the job. Pay equity has the potential to redress the pay inequity created by the undervaluing of female-dominated jobs are often under-valued (Canadian Advisory Council on the Status of Women, 1994; Gunderson, Muszynski & Keck, 1990).

- **child care** – The high cost of child care (when it is available) is a significant barrier to women (particularly single women on social assistance) entering and staying in the paid labour force. Child care is essential support for women and for all parents who want to work in the labour market. A restructuring of the present system is needed to make affordable, high-quality child care more available to those who need it (Canadian Advisory Council on the Status of Women, 1994; Gunderson, Muszynski & Keck, 1990).

- **housing** – It is impossible to live in the Canadian climate without decent shelter. The Canadian climate forces all Canadians to put housing first on their budget. It is estimated that over one million Canadian households spend too much of their income on shelter. This situation often leaves these families and individuals without enough income to pay for other basic needs (National Anti-Poverty Organization, 1995).

  The most important action that can be taken to provide safe, affordable housing is to increase the supply of social housing (National Anti-Poverty Organization, 1995).

  Other suggestions for improving the quality of housing include:

  - developing policies to ensure the safety and adequate maintenance of rental properties;
  - providing assistance to help people become home owners and to help home owners maintain their property in good condition;
  - providing information and legal assistance to ensure protection of tenants' rights;
  - supporting the development of local tenants' rights groups; and,
  - developing a registry of accessible housing for people with disabilities (Personal Aspects of Poverty Group, 1995).

- **taxation** – Removal of inequities from the tax system and a more equitable corporate tax system are needed. All sectors of society must contribute their fair share to the growth of Canada (National Anti-Poverty Organization, 1995; Political Action Group on Poverty, 1996).

- **universality of social programs** – Social "programs that are not universal are vulnerable to cuts and underfunding because the recipients are often a minority with little political influence. Non-universal programs weaken the fabric of society" (Political Action Group on Poverty, 1996, p. 2). Universality is a particular concern given recent discussions about the fate of the Canada Pension Plan and suggestions that it should be replaced by a private RRSP system run by banks. A public pension plan has many advantages over private plans. Almost all the labour force is covered by public pensions, but only one out of three workers in the labour force have private pensions or RRSPs (*Five Reasons to Keep It Public*, 1996). Women would be most affected by elimination of public pension plans because many women work in businesses that do not have private pensions and do not earn enough to contribute to an RRSP.

Recommendations from the *Women and Poverty* Consultations

The recommendations in the section that follows are based on the comments and suggestions made by the women participating in the public consultations and are grounded in these women's experiences of the day-to-day practical realities of poverty. In some cases, the recommendations that follow overlap with the recommendations of economic theorists, non-governmental organizations, and community-based action groups; in other cases they place less emphasis on restructuring of economic and social systems and more emphasis on practical actions that will make everyday life better.

The recommendations in this section begin with one general recommendation. Then recommendations are grouped into the action strategy categories identified in Health Canada's Population Health Promotion Model.

All of the recommendations in the sections that follow are intersectoral in nature. That is, they all can be addressed by more than one level within society and by more than one individual or organization at each level. This is in keeping with funding guidelines for Health Canada's (1994) Health Promotion Contribution Program. Health Canada supports projects that use a multi-disciplinary coordinated approach and which recognize that health is a priority and responsibility of all sectors.

It is also in keeping with the findings of the public consultations, particularly in regard to the recommendations that encourage government action. Most people at the public consultations did not distinguish between federal, provincial and municipal governments, nor did they distinguish between the responsibilities of various government departments. Some of the recommendations that follow encourage "governments" to take specific actions, but do not specify the level of government or the specific government department. It is incumbent upon government departments and agencies to develop the partnerships needed to ensure that action on these recommendations is taken by all relevant agencies and to ensure that these agencies work together in a collaborative manner.

General Recommendation

1. During the research for the *Women and Poverty* project, representatives of several agencies that serve poor women were interviewed (Appendix A). The reaction of most of these agency representatives was, "Not another study! Why is there always money to study poverty and never any money to do anything about it?" Several expressed impatience and annoyance with the process and with the study.

   Although most women who participated in the public consultations appreciated the opportunity to express their views and to share with other women who had experienced poverty , there were a few who also said, "Not another study!"

   Therefore:

   1. It is recommended that action begin immediately to implement the recommendations in this report and that action to alleviate poverty be given a higher priority than further study or analysis of poverty.

Taking Action

- **Systems/sectors** – Health Canada is encouraged to:

  - take the lead role in enhancing existing intersectoral partnerships and developing new partnerships with other government agencies, non-governmental organizations, educational institutions, community organizations and community-based action groups needed to implement the recommendations in this report; and,

  - consider the recommendations in this report when funding specific projects and when setting funding guidelines for all its programs, but particularly for the Health Promotion Contribution Program.

Build Healthy Public Policy

Actions in this area ensure that policies developed by all sectors contribute to health-promotion conditions (Hamilton & Bhatti, 1996).

Recommendations

2. Over and over again, women on social assistance reported that there is little consistency between social workers and that they have little knowledge of the programs and services that are available to them. The result is unequal treatment and sometimes the growth of dependency.

> ***Women's Voices***
>
> *The problem with social services seems to be that different people get different information depending on who the worker is. Start a central information bureau with a computer bank of information. People could phone and ask what is covered for self and children. For example, is therapy available? What about family life education? The computer would contain the addresses of agencies that can provide help.*
>
> *This would relieve pressure on case workers. Such inquiries waste workers' time. They also waste clients' time when they get the run around.*
>
> *This would improve consistency of information so everyone heard the same thing.*

Therefore:

> **2. It is recommended that Saskatchewan Social Services develop policies and procedures to ensure that all clients are informed of the benefits available to them and to ensure equal treatment of all clients.**

Taking Action

- **Individuals** on social assistance are encouraged to meet informally to share information about social assistance benefits and programs.

- **Community** agencies such as non-profit organizations and churches are encouraged to compile directories of social assistance benefits and eligibility requirements and to develop strategies for getting this information to people who need it.

- **Sector/system** action includes:

  - Saskatchewan Social Services is encouraged to:

    - develop policies and procedures to ensure that all social assistance recipients are treated equally and that all receive information about the programs and services to which they are entitled, and train and monitor social workers to ensure these policies and procedures are implemented appropriately; and,

    - develop a central computer bank of information with an 800 number that people can call to get up-to-date information about social assistance programs and benefits.

  - Health Canada is encouraged to make Saskatchewan Social Services aware of this recommendation and to build a partnership that will facilitate its implementation.

3. The way that social assistance overpayments are handled is a major problem. People often don't know that they are in an overpayment situation and when overpayments occur deductions are sometimes taken off cheques in large lump sums. This creates considerable hardship.

   Therefore:

   3. It is recommended that social assistance recipients be provided with information about what constitutes overpayment, that they be informed when an overpayment has occurred, and that repayment of overpayments be negotiated with social assistance recipients.

   Taking Action

   - **Individuals and community** groups are encouraged to:

     - write to government officials to make their feelings about overpayments known; and,
     - organize informal groups to share information about this issue.

   - **Sector/system** action includes:

     - Saskatchewan Social Services is encouraged to review and adjust policies and regulations concerning overpayments.

     - Health Canada is encouraged to make Saskatchewan Social Services aware of this recommendation and to build a partnership that will facilitate its implementation.

4. During the public consultations women talked about the need for bridges between social assistance and work. Two types of bridges are needed: one for the first three to six months of work to help people get on their feet when they start a job and another ongoing bridge to subsidize medical and child care expenses for low-income working mothers. Such an ongoing subsidy would ultimately save money for taxpayers, because without it,

some women who could be earning most of their income are forced back onto complete dependency on social assistance.

Therefore:

> **4. It is recommended that the regulations and policies which govern social assistance be restructured to create bridges between social assistance and employment.**

Taking Action

- **Individuals and communities** are encouraged to lobby the provincial and federal governments to make them more aware of the need for bridges between social assistance and work.

- **Sectors/systems** – Governments are encouraged to re-examine and reorganize policies. This process may already be underway. In its discussion paper, *Redesigning Social Assistance* (1996), the Government of Saskatchewan speaks to the same issues as did the women who participated in the *Women and Poverty* consultations. The provincial government proposes a Working Income Supplement that would create a bridge between employment and social assistance and reward people for working. Governments are encouraged to develop innovative approaches to creating such bridges.

5. People who are on social assistance are allowed to earn only a small amount of money. Anything over this basic amount is deducted from their next cheque. The women at the consultations reported that this gives them little incentive to work. If they could keep more of their earnings, they would have more incentive to work.

Therefore:

> **5. It is recommended that the earned income exemption for social assistance recipients be restructured.**

Taking Action

- **Individuals and communities** are encouraged to lobby government to increase awareness of the value of incentives to work.

- **Sector/system** action includes:

  - Saskatchewan Social Services is encouraged to re-examine and reorganize policies concerning earned income. The Working Income Supplement proposed by the Government of Saskatchewan (see Recommendation #4) is one approach to restructuring the earned income exemption.

  - Health Canada is encouraged to make Saskatchewan Social Services aware of this recommendation and to create a partnership that will facilitate its implementation.

6. &
7. At the public consultations, women talked about the importance of having a job. As well as income, a job provides a sense of self-worth and dignity, social contacts and a sense of contributing to society. They also talked about the scarcity of full-time permanent jobs and the need to make a living by working at four or five part-time, contract or piece-work jobs – usually a very difficult task. Earning a dollar through several part-time jobs requires much more time and energy than earning that same dollar through one full-time job. The reality of today's labour market is that full-time jobs are decreasing and part-time, contract, home-based and temporary work is increasing.

Therefore:

6. It is recommended that government policy focus on job creation.

7. It is recommended that tax policy be adjusted so that individuals who work at several part-time or contract jobs are not disadvantaged compared to those who have full-time permanent jobs.

Taking Action

- **Community groups** such as self-help groups, social service agencies and non-profit groups are encouraged to:
  - provide information about managing one's finances and time when working at part-time and contract jobs; and,
  - provide information about planning for the future when in this situation. This information might emphasize contributing to an RRSP, planning ahead for possible unemployment and increasing marketable skills.
- **Sectors/systems** – Governments are encouraged to:
  - focus on job creation; and,
  - adjust tax policy so that people who make a living through several part-time jobs are taxed at a lower rate than people who work at one full-time job.

8. The majority of today's older women have limited or no participation in the paid labour force. Labour force participation is the norm for most younger women, but women's pattern of employment tend to be more intermittent than men's. This is partly due to pressure of family responsibilities and partly due to the nature of the labour market which tends to direct women into marginalized fields where part-time and contract work are more common. Because of systemic discrimination in the labour market, women in all fields earn less than men. The nature of their employment patterns means that many women work in occupations and workplaces without company pension plans and that many women don't earn enough to contribute to an RRSP. For many women, the continuation of publicly-funded Old Age Security and the Canada Pension Plan is essential, if they are to have income after the age of 65.

Therefore:

> **8. It is recommended that publicly-funded pension plans be continued in Canada.**

Taking Action

- **Sectors/systems** – The federal government is encouraged to take the actions necessary to ensure continuation of a publicly-funded pension plan.

Create Supportive Environments

Supportive physical, social, economic, cultural and spiritual environments have a positive impact on health (Hamilton & Bhatti, 1996).

> ***Women's Voices***
>
> *I was fortunate to get into licensed day-care with a subsidy when my daughter was school aged. Prior to that I just had a really good woman who babysat for me whenever I needed, no questions asked. But the problem with that is if I hadn't lived where I lived and if that day-care hadn't been where it was located, that wouldn't have happened. I have a vehicle now. I've never had a vehicle before in my life, of my own. And the day-care was six blocks from my house. So I would walk there, walk to work ... transportation would have been number one for me.*

Recommendations

9. Repeatedly, participants in the public consultations emphasized the need for child care to reduce female poverty. High quality, affordable child care would allow women to go to school and to earn their own living through paid employment, while at the same time having the security of knowing that their children are well cared for.

Therefore:

> **9. It is recommended that communities and governments take the actions necessary to ensure high quality child care that is geared to the income of parents.**

Taking Action

- **Individuals, families and communities** are encouraged to make their needs for child care known to the various levels of government.

- **Sectors/systems** – Governments are encouraged to provide funding and policies to support affordable high quality child care. This may involve developing new models for the delivery of child care services.

- **Society** is encouraged to acknowledge that child care is of benefit to everyone, because it will allow more women to contribute to the economic well-being of both their families and society as a whole.

10. Housing is important to physical and psychological well-being. Having a low income reduces the housing options available and leaves you vulnerable to exploration by unscrupulous landlords. Often, there simply isn't enough safe, affordable housing in a community and people with low incomes are forced to live in houses that are cold, run-down and unsafe.

    Therefore:

    10. It is recommended that governments take action to increase the availability of safe, affordable housing.

    Taking Action

    - **Community groups** are encouraged to:
      - publicize the names and offenses of landlords who do not adequately maintain rental properties; and,
      - develop directories of safe, affordable housing in the community.
    - **Sectors/systems** – Governments are encouraged to:
      - increase the supply of social housing; and,
      - set and enforce policies to ensure the safety and adequate maintenance of rental housing.

11. Single mothers participating in the public consultations, particularly those with preschool children, talked about the need to get a break from their children. They said that they are better mothers if they occasionally have a little time for themselves. Similarly, older women who are caring for disabled or chronically ill relatives (often husbands) require a break in order to maintain their own well-being. Respite care is important for caregivers at all stages of the life cycle.

    Therefore:

    11. It is recommended that appropriate, affordable respite care be available for caregivers at all stages of the life cycle.

Taking Action

- **Sectors/systems** – Provincial and federal governments are encouraged to:
  - directly fund programs designed specifically to offer high quality, client-centred respite care for caregivers; and,
  - give funding priority to health care and community development programs that include a respite component.

Strengthen Community Action

Communities have the capacity to set priorities and make decisions about issues that affect their health. Stronger community action means better health and greater well being (Hamilton & Bhatti, 1996).

Recommendation

12. Most of the women participating in the public consultations said how much they appreciated being able to talk to other women in the same situation. Some also mentioned other programs that allow women to learn from each other. Other women are perceived as a real source of strength and support.

> ***Helping Ourselves***
>
> *What remains then is that women band together. There has to be a network of women. ... that I think is feasible, because we don't have to rely on government to do this for us, we can do this ourselves (Mullan, 1995, Videotape).*

Therefore:

> **12. It is recommended that communities, service agencies and government make support groups and self-help groups an important component of programs for people living in poverty.**

Taking Action

- **Individuals** are encouraged to organize small informal support groups that meet regularly.
- **Community** agencies such as churches, social service agencies, libraries, etc. are encouraged to provide space, child care, publicity and a facilitator to make such groups a reality.
- **Sectors/systems** – Governments are encouraged to emphasize the importance of support and self-help groups in funding guidelines. Health Canada has already taken a step in this direction. In the funding guidelines for its Health Promotion Contribution Program, Health Canada (1994) states that "HPCP supports projects that assist in developing a range of health action initiatives for self-help and mutual aid within

communities" (p. 2). Health Canada is encouraged to strengthen this requirement so that support and self-help groups are an integral component of all programs funded.

Develop Personal Skills

Developing the skills of individuals will help give them the knowledge and skills to meet life's challenges and to contribute to society (Hamilton & Bhatti, 1996).

Recommendations

13. &
14. Many women participating in the public consultations talked about wanting to be in control of their lives, about wanting to support their own families and wanting social programs that build strength and independence. In Saskatoon, there was tremendous praise for the Family Support Centre. Women liked it because:

> ***Women's Voices***
>
> ***What makes your life hard?***
>
> *Relying on other people for money.*

- it is a safe, non-judgemental place;
- it provides free, high quality child care for young children;
- it organizes groups so that people can learn and draw strength from each other;
- its programs are designed to promote independence rather than dependence. For example, counselling and therapy groups build self-esteem and coping skills so that people are better able to manage on their own. As soon as a person has learned or grown all she can in one group, she is moved along to another one. The ultimate goal is to give people enough strength so that they can function without the Family Support Centre;
- it is quick to respond to the needs of its clients; and,
- it responds to clients as individuals rather than lumping all clients together.

Many women talked about how humiliating it is to go to the food bank and how dependent they feel when they take food from the food bank. Community kitchens, in contrast, were seen as a way that women can work together cooperatively to improve their circumstances and to feel good about helping themselves.

Women also talked about how they prefer programs that treat them as individuals other than lumping everybody together. Some said that there should be more assessment when a client begins a program so that the program can truly respond to that person's needs.

Therefore:

13. It is recommended that programs designed to alleviate poverty be structured to promote involvement by their participants and to encourage independence and self-reliance rather than dependence.

14. It is recommended that programs designed to alleviate poverty recognize the strengths, skills, needs and preferences and that programs offer individualized support, skill development, and employment preparation.

Taking Action

- **Community groups** are encouraged to structure programs so that people living in poverty are actively involved – making and implementing decisions – rather than being the passive recipients of services.

- **Sectors/systems** – Governments are encouraged to require that all projects that receive government funding involve program participants in decision-making and in concrete actions that benefit themselves and their families. Health Canada (1994) gives priority "to innovative projects that ensure the participation of people who are disadvantaged in assuming that services and support systems are appropriate to their needs" (p. 2). Health Canada is encouraged to strengthen this requirement in its funding guidelines.

15. Mothers and grandmothers living in poverty said often that they regret not being able to give their children the clothes, toys and sports equipment other children have, but most of all they regret not being able to give their children opportunities such as music lessons, karate lessons and the chance to play on a hockey team. This was the case for both the working poor and for people on social assistance.

Women's Voices

What makes your life hard?

Always trying to explain to my children why they can't have things, or do things, because of our income.

Therefore:

15. It is recommended that school extra-curricular activities and children's community activities be structured so that poverty does not prevent children's participation.

Taking Action

- **Families** are encouraged to form groups to swap outgrown equipment.

- **Community** action includes:

  - Service clubs are encouraged to collect outgrown or unwanted sports equipment for distribution in the community.

  - Schools are encouraged to design extra-curricular programs so that there are no fees and to purchase enough equipment so that all students can use sports equipment, musical instruments, etc., borrowed from the school.

  - Community associations, towns and cities are encouraged to structure recreational programs so that they are free to all children

- **Sector/system** action includes:

  - Saskatchewan Social Services is encouraged to restructure social assistance benefits to recognize the value of opportunities such as music lessons and sports in children's lives.

  - Agencies (such as the federal and provincial governments and Sask Lotteries Trust) that fund sports and cultural activities are encouraged to require, as a condition of funding, that all children's programs be designed so that children of all income levels can participate.

16. &
17. Many women at the public consultations said that they became poor upon separation or divorce. They married young, without completing their education. They stayed home to raise their children and thus didn't develop job-related skills or seniority. In short, they believed in the myth of "living happily ever after." When their marriages ended they found themselves without the education, skills or experience needed in today's labour market and, sometimes, without the self-esteem needed to develop such skills. They also found that they often do not receive court-ordered spousal and child support payments. In some cases, these payments do not arrive at all. In other cases, they arrive infrequently and irregularly.

Therefore:

> **16. It is recommended that families, schools and community agencies emphasize to girls and young women the importance of being capable of economic independence.**

Taking Action

- **Families** are encouraged to:

  - encourage girls to complete high school and develop marketable skills; and,

  - provide the same level of financial support to their daughters as they do to their sons so that they can continue on to post-secondary study.

- **Community groups** such as 4-H, church youth groups, Brownies, etc. are encouraged to emphasize the importance of education and skill development for young women.

- **Sectors/systems** – The education system is encouraged to design curriculum and instruction that focus on the need for women to have the capacity for economic independence.

And, therefore:

> **17. It is recommended that governments develop quicker and more efficient processes for enforcing the payment of spousal and child support orders.**

Taking Action

- **Individuals and community groups** are encouraged to make the importance of prompt, efficient enforcement of maintenance orders known to government.

- **Sectors/systems** – Governments are encouraged to enact appropriate legislation and enforcement procedures.

Reorient Health Services

There is a need to create systems which focus on the needs of the whole person and to invite a true partnership among the providers and users of a service (Hamilton & Bhatti, 1996).

Recommendations

18. During the public consultations, women reported that young mothers living in poverty are often discouraged from breast-feeding by the health care system, despite the fact that breast-feeding has benefits for both mother and baby.

Therefore:

> **18. It is recommended that health care workers and others who work with pregnant women and new mothers emphasize the value of breast-feeding and support all women in this very important endeavour.**

Taking Action

- **Individuals** are encouraged to:

  - change doctors if a particular doctor does not support breast-feeding and inform the offending doctor of the reason for the change; and,

- complain to hospital and public health administrators when hospital and public health nurses discourage breast-feeding.

- **Community groups** are encouraged to:

  - compile directories of doctors who support breast-feeding and those who don't; and,

  - organize self-help and mutual support groups for mothers who wish to breast-feed.

- **Sector/system** action includes:

  - hospitals are encouraged to develop and enforce policies that require all medical staff to be supportive of breast-feeding; and,

  - medical institutions and organizations are encouraged to educate their members concerning the value of breast-feeding.

- **Society** as a whole is encouraged to recognize the value of breast-feeding and to support mothers who wish to do so.

19. Women who participated in the public consultations indicated that they are all individuals with differing needs, preferences and goals for the future. Their personal situations and backgrounds differed tremendously. Yet, they said service providers, particularly health care workers and social workers, tended to lump them all together and to make decisions not on the basis of what is best for this individual and this family, but rather on the basis of categories.

Therefore:

> **19. It is recommended that social workers, health care workers, justice workers and others who work with people with low incomes receive training on client-centred service and that this training be delivered through an intersectoral approach.**

Taking Action

- **Individual** practitioners are encouraged to educate themselves through reading and discussion about client-centred service.

- **Sector/system** action can include:

  - Health Canada is encouraged to take a lead role in developing such training and in structuring it so that agencies and individuals have an incentive to participate; and,

  - The extension departments of Saskatchewan's post-secondary educational institutions and SCN are encouraged to work with Health Canada to develop innovative means for delivering such training.

6. Next Steps

The next step is to take action immediately to implement the recommendations in this report. Health Canada has a major role to play in making government and community agencies aware of these recommendations and in creating partnerships among service agencies that will lead to their implementation. Some recommendations can be implemented through community action and through changes in government policy, procedures and funding guidelines. Other recommendations will require the development of intersectoral partnerships for full implementation. These intersectoral partnerships should be developed so that they include some of the groups of women who could not be consulted during the *Women and Poverty* project due to time constraints. The groups include immigrant women, farm women, visible minorities, and women with disabilities.

The primary emphasis throughout implementation of these recommendations and the development of intersectoral partnerships should be on fully involving women who have experienced poverty and ensuring that they play major roles in policy setting and decision making.

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Appendix A

Public Consultations and Interviews

Public Consultations

Group Meetings

April 1, 1996 ▸ Moose Jaw – St. John's Anglican Church – 14 women
April 2, 1996 ▸ Melville – Food Bank – 15 women

Interviews

April 10, 1996 ▸ Regina Food Bank – 7 women

Come-and-Go Sessions

April 3, 1996 ▸ Fort Qu'Appelle – Friendship Centre – 4 women
April 12 & 13, 1996 ▸ Saskatoon – YWCA – 19 women

Agency Interviews and Meetings

Interviews and Meetings

- Ruth Blaser – Network of Older Women, Seniors' Education Centre, University Extension, University of Regina
- Judith Chessbrough – Working for Women, Saskatoon
- Marcia L. Clark – Saskatoon Family Service Bureau
- Rennie Keats – Saskatoon Inner City Ministry
- Della Marie Lien – Supported Program for Employment in Community (SPEC), Canadian Mental Health Association, Moose Jaw
- Lisa Mattar – Office of Alcohol, Drugs & Dependency Issues, Health Canada, Ottawa
- Gordon McGregor – Health Canada, Regina (2 meetings – one attended by Doug Sutherland)
- Donna Smee – Coordinator, Melville Food Bank

Appendix B

Consent to Participate

CONSENT TO PARTICIPATE

I, _____, have agreed to participate in the *Women and Poverty* community consultations by answering a questionnaire and/or taking part in discussions.

I am aware that I have the right to withdraw my participation from any aspect of the study or from the study altogether at any time without cost to me. I am aware that the conversations will be audio-taped and that I may ask that the tape recorder be turned off when I am speaking.

I am aware that information collected will be kept confidential and that published or reported results of this study will not include information that could identify me unless I agree in writing to permit a release of specified information regarding myself. I understand that quotations may be published in the report without identifying me.

Any concerns regarding the study can be presented to John Oussoren, Director, Seniors' Education Centre, University Extension, University of Regina.

With this understanding, I agree to participate in this study.

_____	_____
Signature	Witness
_____	_____
Date	Date

Appendix C

Women and Poverty
Information and Expense Form

Women and Poverty Information and Expense Form

YOU MAY KEEP THIS PART:
Thank you for agreeing to participate in this Women and Poverty Project with the University of Regina.

- Information is being gathered for a report and reference document.
- Your privacy will be protected and all names and identifying information, including your consent form, are confidential. Consent and expense forms will be kept separate from questionnaire responses.
- The meetings and interviews are being audio-taped. You may ask that the tape recorder be turned off if there's something you want to say "off the record". Quotes, stories, and general observations will be used in the report.
- An honorarium will be paid to participants in the project. This form is a receipt for this honorarium.

The facilitator for the meetings and interviews is Jayne Whyte, c/o University of Regina, Seniors' Education Centre, Regina, SK S4S 0A2; Home (306) 332-5702.

The report will be available about the middle of May. Contact the Seniors' Education Centre, University of Regina, 586-5816.

PLEASE TEAR OFF AND RETURN

Name _____

Address _____

_____

Postal Code _____ Telephone _____

EXPENSES: Dependent (Child or other) Care $ _____

Out of Town Trave $____/km x .235/km _____

Total Expenses **$ _____**

I have received an honorarium of $_____ and $_____ (cash) for expenses for my participation in the *Women and Poverty* project.

Signature _____

Facilitator _____ Date _____

Appendix D

Script for Consultations with Women Who Experience Poverty

Facilitator – Jayne Whyte

HOW WILL THIS SCRIPT BE USED?

This script will be used by the Facilitator for Community Consultations with Women who Experience Poverty. It will be used in connection with the questionnaire, *Gathering Information and Ideas*. The questionnaire has been designed for use in focus groups. The same questionnaire will be used for individual interviews with women who experience poverty.

Approximately 80 women who experience poverty will be consulted:

- **Focus Groups** are set up in Moose Jaw (20 participants) and Melville (20 participants).
- **Interviews** and or **groups** will be conducted in Regina, Saskatoon, and Fort Qu'Appelle and area, for a total of 30 to 50 participants.
- **Phone Interviews** may also be conducted with women who experience poverty, especially participants from other provinces.
- Participants will include women who are students, single mothers, in two-parent families, immigrants, First Nations and Métis, older women, and women who are employed and unemployed.

For managers of projects funded by Health Canada, a similar script and questionnaire will reflect the nature of the informant (attached). Personal and phone interviews will be used to gather their information.

Focus Group Format and Script

9:30 a.m. **Registration, coffee, consent forms and receipts, distribute questionnaire, gathering**

During this time, participants are:

- welcomed and greeted
- asked to sign consent forms after explanations
- signing receipts for a $20.00 honorarium and for dependent care and travel expenses received
- invited to have coffee

The facilitator, Researcher Loraine Thompson, members of the Advisory Committee and local organizer will take responsibility for these tasks.

10:00 a.m. **Introductions**

May name is Jayne Whyte. I am the Facilitator for the Community Consultation today. The University of Regina is doing some research on behalf of Canada Health, the national Health Promotion Contribution Program. We are particularly interested in how poverty affects the lives of women. And I understand all of you are experts in this area. I want to thank all of you for attending and I look forward to hearing some of your stories and ideas.

I'd like to introduce Loraine Thompson. Loraine is a researcher on this project. Loraine will be writing a report that will be used by Health Canada in setting priorities and planning programs to improve the life circumstances of women living in poverty. The report will also be shared with key informants such as government ministers, program administrators and leaders in health, education, social services, environment and various community organizations.

[Loraine may say] The information you share will be turned into statistics for the report. We are also tape recording your conversations. Quotes from you and from the workbook you fill in today will be used to illustrate points in the report.

I'd like to introduce [one or more of] Ruth Blaser (University of Regina, Seniors' Education Centre), Jan Joel (University of Regina Social Research Unit), Susan Lyons (Saskatchewan Women's Secretariat). She [they] are members of the Advisory Committee that are working on this project.

By the way, there's a lot of reading and writing in today's work. If you have trouble with seeing, writing, or want help with filling out the papers for any reason, you can ask Loraine, Ruth [Jan, Susan], or me. Your answers are important so if your hand is sore or the print is too small, please ask for help.

Today's program starts now and runs until 3:00 and we hope you can stay for the whole day. We have a good lunch planned at noon. There will be chances for stretches, smoke breaks and so on as you will see on the Agenda. Bathrooms are ....

If you do feel you have to leave, please return your workbook to me or Loraine. Let's take a moment and read the notes on the first page. [In this script words in bold with quotation marks refer to *Gathering Information and Ideas* questionnaire.]

> ***"DO NOT PUT YOUR NAME . . . Your words might be quoted in the report."***

The way today will work is that you'll be given a few minutes to write in your workbook. Then you'll be encouraged to share what you're thinking in a small group or with the larger group. A tape recorder will be turned on while the groups are talking. If you want to say something that you do not want recorded, just ask and the machine will be turned off while you speak. Loraine and I will be using the tapes so we get your words right in the report.

We won't use your name in the report. But we'd like a chance to get acquainted. Let's do the first exercise:

> ***"A. Getting Acquainted"***

Now, let's go around the circle. You can say your first name and tell what makes you happiest? I'll start, "My name is Jayne and today I'm happiest that I have good friends who care about me."

10:30 a.m. ***"SOME QUESTIONS ABOUT YOU"***

We need to gather some information about **you**. The easiest way is for you to fill out the first pages of your booklet. You can put an "X" or other mark beside the best answer. Sometimes you are asked to circle the best answer. If you have questions or want help, ask Loraine, Ruth [Jan, Susan] or me. If you want to take the questionnaire where you can have a smoke or want to grab a coffee, go ahead. We'll come back for the next exercise at 10:45. We have about 15 minutes to answer the questions on page 2-4.

[If there seem to be a few people having trouble reading or answering, a small group might be pulled together for whom the questionnaire is read aloud and assistance offered.]

10:45 a.m. **Small groups of 3-4 people.**

> ***"I. Thinking about what is important"***

Research team will "float" offering encouragement and listening.

11:30 a.m. **Sharing and Discussion** in whole circle – [Reminder that the tape recorder is running but can be turned off if you want to speak without being recorded.]

"J. Summary: What factors ...."

12:00 **Luncheon and "free" time**

1:00 p.m. **Small groups of 3-4 people**

"K. Making Life Better"

Research team will "float".

1:45 p.m. **Stretch break**

2:00 p.m. **Sharing and Discussion** in whole circle

"L. Conclusion: How can we strengthen ...."

2:45 p.m. **Closing and Thank You**

By the middle of May, copies of the report will be available. If you are interested in seeing a copy of the report, please contact the Seniors' Education Centre at the University of Regina.

If anyone needs more information about where they can get help right now, please talk with me or another team leader after the meeting ends. There may be services in our community that you could contact.

If you did put a name on your booklet, I have some white out here and we can cover your name.

"PLEASE RETURN THIS WORKBOOK . . . THANK YOU . . . RETURN TO YOUR HOMES AND YOUR ACTIVITIES."

Appendix E

Women and Poverty
Gathering Information and Ideas

DO NOT PUT YOUR NAME ON THIS BOOKLET. At the end of the workshop you will be returning your completed workbook to the facilitator so that your answers and ideas can be used in preparing a report for people who make decisions about health promotion in Canada.

NOTE: The information you share is CONFIDENTIAL. Only the researchers will see your answers and we have promised to protect your privacy. Statistics about the people who participate in the consultations will be published but your name and identity will not be used.

A tape recorder will be turned on while the groups are talking. If you want to say something that you do not want recorded, just ask and the machine will be turned off while you speak.

A. GETTING ACQUAINTED

What in your life makes you happiest?

_____

[In the circle, you will be invited to tell your name and share your answer. You can choose whether or not you speak.]

SOME QUESTIONS ABOUT YOU:

B. Where do you come from?

1. I live

   ☐ a. on a farm or acreage
   ☐ b. in a hamlet (population under 300)
   ☐ c. in a village (up to 1,000)
   ☐ d. in a town (1,000 to 5,000)
   ☐ e. in a city (over 5,000)

2. I have lived there _____ years.

3. Have you always lived in Canada? ☐ 1. Yes ☐ 2. No

   a. **If yes**, are you: ☐ 1. First Nation ☐ 2. Métis

   b. **If no**, when did you come to Canada? _____ From where? _____

C. HOME AND FAMILY

4. My home

- ☐ a. is a temporary shelter
- ☐ b. is with family or friends
- ☐ c. is board and room
- ☐ d. is a rented apartment or house
- ☐ e. is a house with a mortgage
- ☐ f. is a house without a mortgage

5. My housing is

☐ a. excellent ☐ b. good ☐ c. fair ☐ d. poor ☐ e. very bad

6. How many people live in your household? _____

a. Do you have children living with you? ☐ 1. Yes ☐ 2. No

b. **If no**, go to question 4.

c. **If yes**, what are the child(ren)'s age(s)? _____

d. What kind of childcare do you use?

- ☐ 1. family, friends, neighbours
- ☐ 2. babysitter
- ☐ 3. day care centre
- ☐ 4. don't use childcare

7. What is your marital status?

☐ a. Single ☐ 2. Widowed ☐ 3. Divorced ☐ 4. With partner

8. In what year were you born? _____

9. Do you have regular access to a vehicle? ☐ 1. Yes ☐ 2. No

a. **If yes**, do you: ☐ 1. own it ☐ 2. borrow it ☐ 3. get rides

c. **If no**, what transportation do you use? _____

D. EDUCATION

10. How many years of education have you completed?

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	More

11. What certificates, degrees have you earned?

_____

12. What other experience, skills, and abilities do you have?

_____

E. WORK AND INCOME

13. What is your occupation? _____

14. Is your work (you may mark more than one):

- ☐ a. unpaid
- ☐ b. retired
- ☐ c. volunteer
- ☐ d. part time
- ☐ e. full time
- ☐ f. self-employment
- ☐ g. farm or family business
- ☐ h. casual
- ☐ i. contract
- ☐ j. undeclared income
- ☐ k. unemployment

15. How many hours per week do you work? _____

16. How many hours per week are you in paid work? _____

17. How valuable do you think your work is to **you**?

- ☐ a. Very important
- ☐ b. Somewhat important
- ☐ c. It depends
- ☐ d. Not very important
- ☐ e. Not at all important

18. How valuable do you think your work is to **others**?

- ☐ a. Very important
- ☐ b. Somewhat important
- ☐ c. It depends
- ☐ d. Not very important
- ☐ e. Not at all important

19. What is the main source of income for you? _____

20. What are other sources of income for you?

_____

21. In 1995, approximately how much was your income? $ _____

If you do not live alone:

22. What is the main source of income for your household?

_____

23. What are other sources of income for your household?

_____

24. In 1995, approximately how much was your household income? $ _____

F. CHANGES IN YOUR INCOME

25. Have you always experienced poverty? ☐ a. Yes ☐ b. No

26. **If no**, what event or series of events changed your economic situation?

_____

27. What do you think is the cause of poverty in your life?

_____

G. YOUR HEALTH

28. How healthy do you think you are? My health is:

☐ a. excellent ☐ b. good ☐ c. fair ☐ d. poor ☐ e. very bad

29. Do you have any chronic condition, illness or disability? ☐ 1. Yes ☐ 2. No

30. **If yes**, what? _____

H. OTHER

31. Is there anything else about you or your life that you want the researchers to know?

[PLEASE STOP HERE FOR NOW. IF YOU ARE FINISHED, TAKE A BREAK UNTIL WE ARE CALLED BACK INTO THE CIRCLE.]

The next part will be part of the focus group discussions. You can choose whether or not you share your answers with the small group and the whole group. Your answers will help the research. Your answers may be quoted in the report but your name won't be used.

When we break into small groups you will be asked to write your answers, then talk with other group members about:

I. THINKING ABOUT WHAT IS IMPORTANT

32. What makes your life hard to live? discouraging?

33. What makes your life easier to live? more satisfying?

34. How do these things affect your health?

Stop for now and talk with other members of the small group about your answers until we are called back into the whole circle.

The questions that will be discussed in the whole circle will be:

J. SUMMARY

35. What factors have the most impact on how good or how hard your life is?

When we break into small groups you will be asked to write your answers, then talk with other group members about:

K. MAKING LIFE BETTER

36. What gives you hope, satisfaction or help?

37. What do you need to make your life better?

38. Who do you think could/should help with that?

Stop for now and talk with other members of the small group about your answers until we are called back into the whole circle.

The question that will be discussed in the whole circle will be:

I. CONCLUSION

39. How can we strengthen community action to make life better for you and your family?

<u>PLEASE RETURN THIS WORKBOOK TO THE FACILITATOR</u>. Your answers will help with writing a report that government will use in setting up projects.

Your ideas on what will help are valuable. We will be careful to protect your confidentiality. <u>DO NOT PUT YOUR NAME ON THIS BOOKLET</u>.

Thank you for participating in this consultation on "Women and Poverty." Best wishes as you return to your homes and your activities.

Appendix F

Women and Poverty
Interviews with Managers of Health Canada Funded Projects
(including explanations and other script for the Facilitator)

My name is Jayne Whyte. I am a facilitator in a community consultation about *Women and Poverty*. The University of Regina, through its Seniors' Education Centre and Social Research Unit, is sponsoring the project. Funding comes from the Health Promotion Participation Program. As part of the project, we have been asked to interview selected currently funded Health Canada projects. Your project has been selected. Is this a good time for an interview?

If not, can we set up an appointment at a mutually agreeable time?

YOUR ANSWERS AND IDEAS CAN BE USED IN PREPARING A REPORT FOR PEOPLE WHO MAKE DECISIONS ABOUT HEALTH PROMOTION IN CANADA. The information you share is **CONFIDENTIAL**. Only the researchers will see your answers and we have promised to protect your privacy. Statistics about the people and groups who participate in the consultations will be published. The funded Health Canada projects will be listed with the statistical data you supply. Your identity will not be linked with comments you may make in this interview. Your words may be quoted in the report.

I am tape recording this interview as well as making notes. If you want to say something that you do not want recorded, please ask for the recorder to be turned off for that conversation.

SOME QUESTIONS ABOUT YOUR PROJECT AND ITS PARTICIPANTS.

A. STATISTICAL DATA

1. Have you collected statistical data about participants (published or unpublished) that would help us get a picture of how many people you serve and some of their characteristics?

   a. Can you supply a copy of that data to include in the report?

   ☐ 1. Yes, attached
   ☐ 2. Yes, to follow
   ☐ 3. No

2. Approximately how many participants are affected by your project? _____

3. How many participants are women who experience poverty? Estimated _____

From now on, when I ask about Participants, I mean these women who experience poverty.

B. WHERE DO PROJECT PARTICIPANTS COME FROM?

1. Approximate numbers that live:

_____ a. on a farm or acreage
_____ b. in a hamlet (population under 300)
_____ c. in a village (up to 1,000)
_____ d. in a town (1,000 to 5,000)
_____ e. in a city (over 5,000)

2. How many are:
_____ a. long-term residents?
_____ b. newcomers (within last year)?
_____ c. transient (short-term residents)?

3. Ethnic origins:
_____ a. First Nations or Métis
_____ b. Immigrants or refugees

C. HOME AND FAMILY

1. For most of your project participants, home

☐ a. is a temporary shelter
☐ b. is with family or friends
☐ c. is board and room
☐ d. is a rented apartment or house
☐ e. is a house with a mortgage
☐ f. is a house without a mortgage

2. Their housing is [circle one]

☐ a. excellent ☐ b. good ☐ c. fair ☐ d. poor ☐ e. very bad

3. How many people live in most households? _____

a. Do they have children living with them? ☐ 1. Yes ☐ 2. No

b. **If no**, go to question 4.

c. **If yes**, does your project include childcare? ☐ 1. Yes ☐ 2. No

d. What kind of childcare do you use?

☐ 1. family, friends, neighbours
☐ 2. babysitter
☐ 3. day care centre
☐ 4. don't use childcare